



CARING DADS

Multi-site evaluation in London 2013-2015

Final Report: August 2015

Rick Hood, Jane Lindsay and Wilson Muleya
Kingston University and St Georges, University of London

Contents

1	Executive Summary	5
1.1	Introduction	5
1.2	Aims	5
1.3	Methodology	5
1.4	Findings	6
1.5	Conclusions	8
2	Introduction	9
3	Context	10
4	Programme overview	11
5	Method	14
5.1	Rationale for approach	14
5.2	Ethics	14
5.3	Sample and data collection	14
5.4	Analysis	18
5.5	Limitations	19
6	Findings on process	20
6.1	Referral and screening	20
6.2	Facilitation	21
6.2.1	Group dynamics	23
6.2.2	Programme delivery	27
6.2.3	Facilitator relationship	28
6.3	Communication with referrers	31
6.4	Feedback from fathers	33
6.5	Partner contact	36
6.6	Time and cost	38
6.6.1	Elements of programme delivery	38
6.6.2	Breakdown of cost	40
6.6.3	Discussion of costing	41
7	Findings on outcomes	42
7.1	Self-reported measures	42
7.1.1	Inventory of father involvement (IFI)	43
7.1.2	Parenting alliance measure (PAM)	43
7.1.3	Parenting scale (PS)	44
7.1.4	Strengths and difficulties questionnaire (SDQ)	45

7.2	Interviews with fathers	46
7.2.1	Emotional unavailability	48
7.2.2	Hostility and shaming	51
7.2.3	Developmentally inappropriate interactions	54
7.2.4	Failure to recognise child's psychological boundary	57
7.2.5	Undermining the child's mother	59
7.3	Feedback from referrers	62
7.3.1	Overall assessment of risk	63
7.3.2	Concerns about the relationship between father and child	65
7.3.3	Concerns about the relationship between father and child's mother	68
7.3.4	Other welfare concerns	71
7.3.5	Agency involvement and decision-making.....	74
7.3.6	Fathers' reasons for attending the programme.....	77
8	Discussion of findings.....	78
8.1	Systems analysis.....	78
8.2	Group process.....	83
8.2.1	Active participation in the group	83
8.2.2	Group cohesion and rapport.....	84
8.2.3	Introduction of new ideas and perspectives	84
8.2.4	Acknowledgement of abusive behaviour.....	85
8.2.5	Reflection on father-child relationship	86
8.3	Father-child relationship	87
8.4	Co-parenting relationship	88
8.5	Safeguarding process.....	90
9	Conclusions.....	91
10	References.....	94
11	Appendices.....	97
	Appendix 1: Self-reported measures.....	97
	a.) Inventory of father involvement	97
	b) Parenting alliance measure	97
	c) Parenting scale	97
	d) Strengths and difficulties questionnaire	98
	Appendix 2: Interviews with fathers.....	99
	a) Interview schedule	99
	b) Average ratings from RISC interviews	103

Appendix 3: Questionnaires for referrers	103
a) Reasons for referral.....	103
b) Post-programme outcomes	105

Glossary of terms

CIN	Child in Need
CLD	Causal loop diagram
CP	Child protection
IFI	Index of father involvement
PAM	Parenting alliance measure
PS	Parenting scale
RISC	Risk interview schedule for children
SDQ	Strengths and difficulties questionnaire

1 Executive Summary

1.1 Introduction

Caring Dads is a group work intervention programme for fathers who have abused or neglected their children, perpetrated abuse against children's mothers, or are deemed at high-risk for engaging in these behaviours. It was designed to address a gap for interventions aimed specifically at violent or abusive fathers. The overall goals of Caring Dads are to engage men in process of examining their fathering, to increase their awareness of child-centred parenting, encourage them to take responsibility for their abusive behaviour towards their partners and children, understand the impact of such behaviour on their children, help them to rebuild trust in their family life and to plan for the future.

1.2 Aims

The aim of the evaluation was to examine the programme's effectiveness in promoting child-centred fathering and in changing men's abusive attitudes and behaviour. As well as measuring individual change in participants, the evaluation sought to explore the programme's role within and contribution to the overall safeguarding system around the child and family. A time and cost analysis was also undertaken.

1.3 Methodology

A mixed methods case-based approach was adopted. Information was collected in relation to 38 fathers who completed the programme in a total of 8 groups in five different local authority sites. Data was collected at three time intervals: start of the programme (T1), end of the programme (T2) and six months post-programme (T3). The main forms of data collection were as follows:

- Face-to-face interviews with fathers
- Interviews with partners or ex-partners
- Standardised questionnaires completed with fathers
- Interviews with referring practitioners and social workers
- Interviews with programme facilitators,
- Interviews with practitioners involved in partner contact
- Interviews with team managers and parenting coordinators

Analysis of the data yielded findings on process and outcomes of the groups participating in the evaluation. Qualitative interviews with facilitators and managers provided an insight into recruitment, screening and delivery of the programme, organisation of partner contact, communication with referrers, and details of cost and time. Statistical analysis of self-reported measures from fathers established whether there was any significant change between pre- and post-programme results. Analysis of interviews with fathers was based around five pre-determined categories of concern, under which their attitudes and perceptions were given a risk rating, and responses before and after the programme were compared. Finally, feedback from referrers was collated and results compared across a range of risk factors, welfare concerns, agency involvement and decision-making.

1.4 Findings

Findings from process

- Attrition from referrals to men starting the group ranged from 59% to 37%, mostly as a result of fathers not engaging with the screening process. On average, two thirds of men who started in the first three sessions went on to complete the programme.
- Group dynamics were characterised by an emerging 'core' of fathers who attended consistently and developed a rapport with each other and with facilitators. These fathers were generally motivated to engage with the material, and contribute actively to dialogue and discussion.

Facilitators sometimes wondered how far to go in challenging abusive attitudes and partner-blaming.

- Facilitators generally felt able to deliver the programme as set out in the manual. Groups did not work as instructional sessions, in the manner of a parenting course, but rather through dialogue and discussion. Due to time constraints, there were limited opportunities to do one-to-one work with fathers.
- Communication with referrers was variable and Caring Dads was not always integrated into the wider safeguarding process. There were similar problems with partner contact, which was only organised consistently in one of the sites.
- Facilitators were from a mixture of probation and social work backgrounds. Clinical supervision was helpful in resolving differences in professional approach, particularly around managing group dynamics and challenging individuals.

Findings on outcomes

- Analysis of questionnaires with fathers was hindered by the small sample of paired pre- and post- measures and poor internal consistency of data. The results showed no significant changes in father involvement, parenting alliance, parenting scales, or children's strengths and difficulties.
- Analysis of interviews with fathers established concerns at T1 particularly in relation to emotional unavailability, psychological boundaries, and undermining of the children's relationship with their mother. Responses at T2 suggested that fathers had shifted to same extent towards more appropriate attitudes and parenting practices during the course of the programme, particularly in terms of emotional responsiveness.
- Analysis of feedback from referrers showed that the most common risk factors at the point of referral were emotional abuse, parental conflict, fathers not taking responsibility for their children, and minimisation of concerns. Indications were that fathers found it easier to demonstrate

appropriate interactions with their children than to apply a child-centred approach to other aspects of their fathering role. Positive outcomes were noted in over half of cases where fathers were being considered as full-time carers for their children.

1.5 Conclusions

The mixed findings on outcomes reflect the evolution of Caring Dads into a programme largely situated within child welfare services, while retaining a distinct identity linked to the tradition of ‘batterer’ treatment programmes run by probation services. If commissioned as a standalone group intervention, it cannot be expected to manage the full variety of demand represented by fathers involved in the child protection system. A more targeted approach might help to improve effectiveness, perhaps focusing on men with a significant parental role, fathers being considered as alternative full-time carers for their children, or as part of a step-down plan for children in need cases. An alternative is to embed Caring Dads further into the child protection system, so that facilitators became part of the ‘team around the child’ for the duration of the programme, with a formal role in multi-agency intervention and care planning. Further integration along these lines might help the programme address the complexity of need, stimulate interprofessional collaboration, and perhaps also encourage safeguarding agencies to improve their mainstream provision for the fathers of children in need.

2 Introduction

The Caring Dads (CD) programme originates in Canada, where it was developed by Katreena Scott of the University of Toronto, and Tim Kelly of Changing Ways, London Ontario. The programme has been running in London since 2006, with London Probation (now RISE Mutual) as the lead agency working in partnership with statutory children's services to deliver groups in a number of local authorities. Caring Dads has also been adopted in other parts of England, Wales and Northern Ireland, and in other countries including the United States, Sweden, Netherlands and Germany. It has been evaluated in a number of separate studies in the UK (e.g. McCracken and Dreave, 2012; McConnell et al., 2014), as well as in Canada (Scott and Crooks, 2007; Scott and Lishak, 2012). The findings from those studies, together with results from Canadian research suggest that the programme may promote positive change in parenting and co-parenting in fathers who have been abusive, neglectful and/or domestically violent.

This study was commissioned in 2013 by London Probation Trust (now RISE Mutual), in order to evaluate Caring Dads across a range of sites in the London area, and in particular to examine the programme's role within and contribution to the overall safeguarding system around the child and family. The evaluation took place over a period of 18 months from November 2013 to May 2015, comprising a total of 8 separate groups in five different local authority areas. In what follows, it will be shown how the evaluation sought to ascertain the programme's effectiveness in promoting child-centred fathering and changing men's abusive attitudes and behaviour, as well as exploring process issues such as screening, delivery of content, working relationships, facilitator supervision and resources, and communication with referrers.

3 Context

The context for the Caring Dads programme is formed by the intersection of three areas of policy and practice. Firstly, there is the problem of men who are perpetrators of violence within the family. Typically this has been treated as a criminal justice matter, with men who are convicted of assaulting their partners being referred onto domestic violence 'perpetrator programmes', often group interventions incorporating elements of the Duluth model as well as cognitive behavioural therapy (Phillips et al., 2013; Featherstone et al., 2007). The evidence base for such interventions has been mixed, with much debate over definitions of effectiveness and the mechanisms of change (Babcock et al. 2004). At the same time, there has been increasing recognition of domestic violence as a significant factor in cases of child abuse and neglect. Children who are exposed to domestic violence may suffer long-term emotional and psychological harm as a result (Wolfe et al. 2003, Holt et al., 2008). Furthermore, fathers who are violent towards their partners are also more likely to demonstrate abusive styles of parenting towards their children (Weir and Sturge, 2006).

Secondly, there is the problematic and inconsistent involvement of fathers in the child protection process. Research in this field has tended to point to gaps in provision, and to the absence or even 'exclusion' of fathers from frontline services (Ashley et al., 2007). Agencies have tended to focus on removing fathers who are perpetrators of abuse from the family context, or as already absent and therefore unimportant. The concentration of resources as well as the brunt of monitoring and surveillance has therefore been primarily on the mother and her children. The response has been for services to try and adopt a more proactive approach towards fathers (Peled, 2000). This may be seen partly as an effort to hold fathers accountable for their actions and prevent them repeating the pattern of abuse elsewhere. However, there has also been a concern to promote a more inclusive model of safeguarding, able to build on

potential protective factors and support for children that may be provided by fathers.

Thirdly, the increasing interest in fathers – even those who may be labelled as ‘dangerous’ – reflects a broader shift in the social construction of fathering and the involvement of fathers in the day-to-day care of their children. In contrast to the stereotype of fathers as bread-winners and disciplinarians, the input of fathers has increasingly been seen in similar terms to that of mothers, comprising various domains of parental capacity, such as emotional responsiveness, provision of boundaries, and overall contribution to children’s development, socialisation and wellbeing (Lamb, 2010). Government policies to promote prevention and early intervention for disadvantaged families have drawn on a ‘discourse stressing the importance of fathers being involved with their children’ regardless of whether the parents are living together (Ashley et al., 2013: 10). In turn, this has led to concerns that implications of domestic violence in child welfare cases are not being heeded, especially in cases of disputed contact following parental separation, and that a lack of coordinated response to such problems may leave children as well as their mothers at risk from continued violence (Hester, 2011). It has also been noted that referral to conventional parenting programmes, with their focus on child-management techniques, may not be appropriate for abusive and authoritarian fathers with ingrained attitudes of control and entitlement over their children (Scott and Crooks, 2004)

In summary, Caring Dads is designed to fill a gap in services for abusive fathers, whose needs do not constitute an easy fit either for domestic violence perpetrator programmes or parenting programmes, and who may have limited involvement and engagement with child protection services.

4 Programme overview

Caring Dads is a group work intervention programme for fathers who have abused or neglected their children, perpetrated abuse against children's mothers, or are deemed at high-risk for engaging in these behaviours. It is not a domestic violence perpetrators' programme, nor is it designed to teach parents strategies to manage children's behaviour. The focus is on developing awareness and skills to promote child-centred parenting. In particular, the programme aims to help participants learn:

- How different ways of fathering affect children
- To strengthen the father-child relationship
- To stop controlling, abusive and neglectful attitudes and behaviour
- To develop skills to cope constructively with frustrating situations

The intervention itself consists of 17 two-hour group sessions. Groups are co-facilitated by a male and female co-facilitator, both of whom should have knowledge and experience of working with men, as well as in child protection, child development, and woman's advocacy. Facilitators must have attended an accredited training course organised by London Probation (now RISE Mutual). The programme content is derived from a manual (Scott et al., 2013), which was developed in Canada and encompasses elements of cognitive behavioural therapy and motivational intervention. One of the principles underlying the programme is that men will be more likely to reflect on their abusive behaviour, and take steps to change it, if they are first engaged on the subject of their relationship with their children.

During the period of the evaluation, referrals from London local authorities were to some extent administered centrally by a Domestic Abuse Unit at probation services, which is now part of Rehabilitation Innovative Solutions Enterprise (RISE). The administrative picture is confused somewhat by the fact that most local authorities also coordinated referrals for fathers in their area through specialist services for family support, child protection and looked after children. Fathers could also be referred by probation services, usually via

a community order, or from the family courts via CAFCASS. A condition of referral was that each child should have an allocated social worker, who was usually part of the Children in Need (CIN) or Children Looked After (CLA) service. This was to promote the programme's delivery as part of the team around the child (TAC), so that risks as well as positive changes could be monitored by professionals involved with the family.

5 Method

5.1 Rationale for approach

The evaluation employs a case-based methodology informed by the realist approach of Pawson (2013). This approach aims to identify the causal mechanisms that contribute to outcomes in the sampled cases, so as to assess whether and how the intervention has influenced those outcomes. This is a suitable approach for Caring Dads, which is located in a multi-agency context involving a large range of variables with an influence on events. Acquiring detailed information about individual cases helps to illuminate the causal factors at play and should help to identify why the programme helps particular individuals. The collection of data across a number of sites gave the study more scope for cross-comparison of cases and created a broader picture of programme effectiveness.

5.2 Ethics

Ethical permission for the multi-site evaluation of Caring Dads was obtained from the Faculty Research Ethics Committee (Faculty of Health, Social Care and Education) of Kingston University and St George's, University of London.

5.3 Sample and data collection

Overall, eight groups took part in the evaluation, in five different local authority sites. All the fathers who were due to start these groups were provided with written information about the research and invited to participate. Data collection took place over a period of 18 months from November 2013 to May 2015. Fifty men provided written consent to take part in the study; of these, 38

participants completed the programme, and these men constituted the sample for analysis. Information obtained from or about participants who did not complete the programme was discarded. The size of the study did not permit investigation of reasons for failure to complete the programme. Programme providers may wish to examine reasons for failure to complete at a future point. The data collected from the sample of programme completers who participated are summarised below:

Group	Number of participants	Demographics	Questionnaires	Interviews
1	5	0/5	0/5	5/5
2A	4	2/4	4/4	0/4
2B	4	4/4	0/4	4/4
3	6	0/6	0/6	6/6
4A	6	6/6	6/6	0/6
4B	4	4/4	4/4	2/4
5A	5	3/5	5/5	5/5
5B	4	3/4	3/4	4/4
Total	38	22	22	26

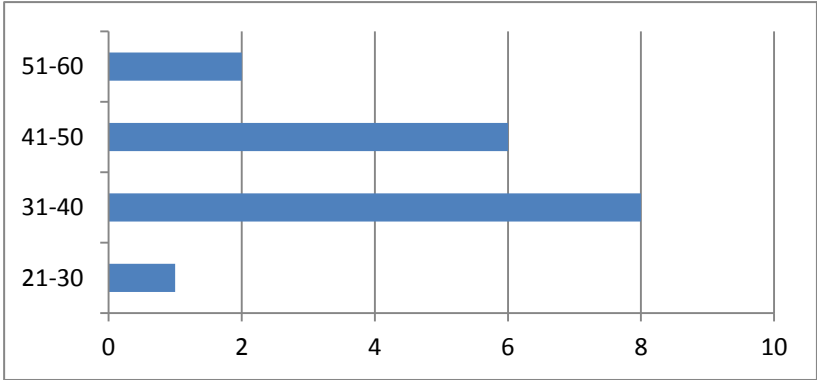
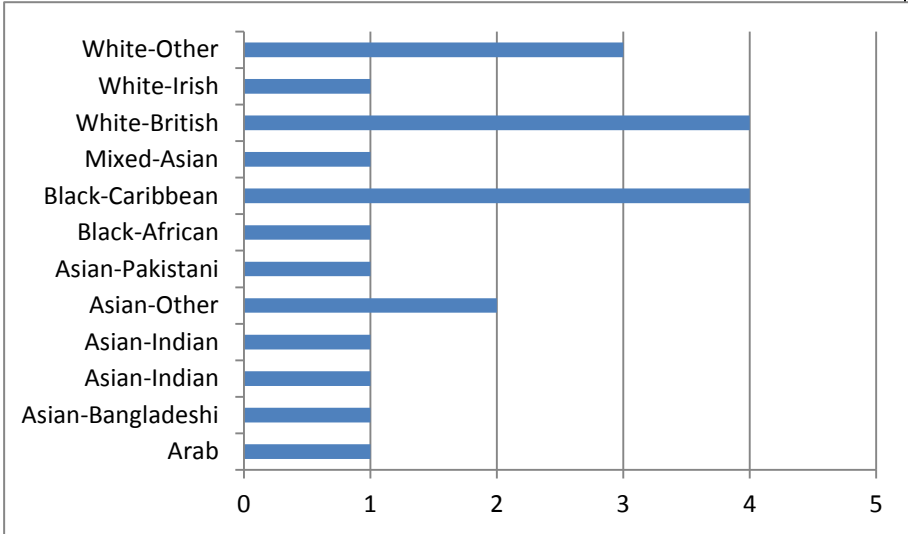
Interviews with fathers were conducted face to face at the beginning and end of the group, at the venue where each group was being held. The interviews explored risk factors associated with child abuse (see Section 7.2). The questionnaires were also completed with fathers at the beginning and end of the group, at the same time as the interviews. There were four sets of questionnaires, which asked about father involvement, attitudes to discipline, parenting alliance, and perception of their children's strengths and difficulties (see section 7.1). It will be apparent from the summary above that it was often not possible to undertake questionnaires as well as interviews, usually due to time constraints.

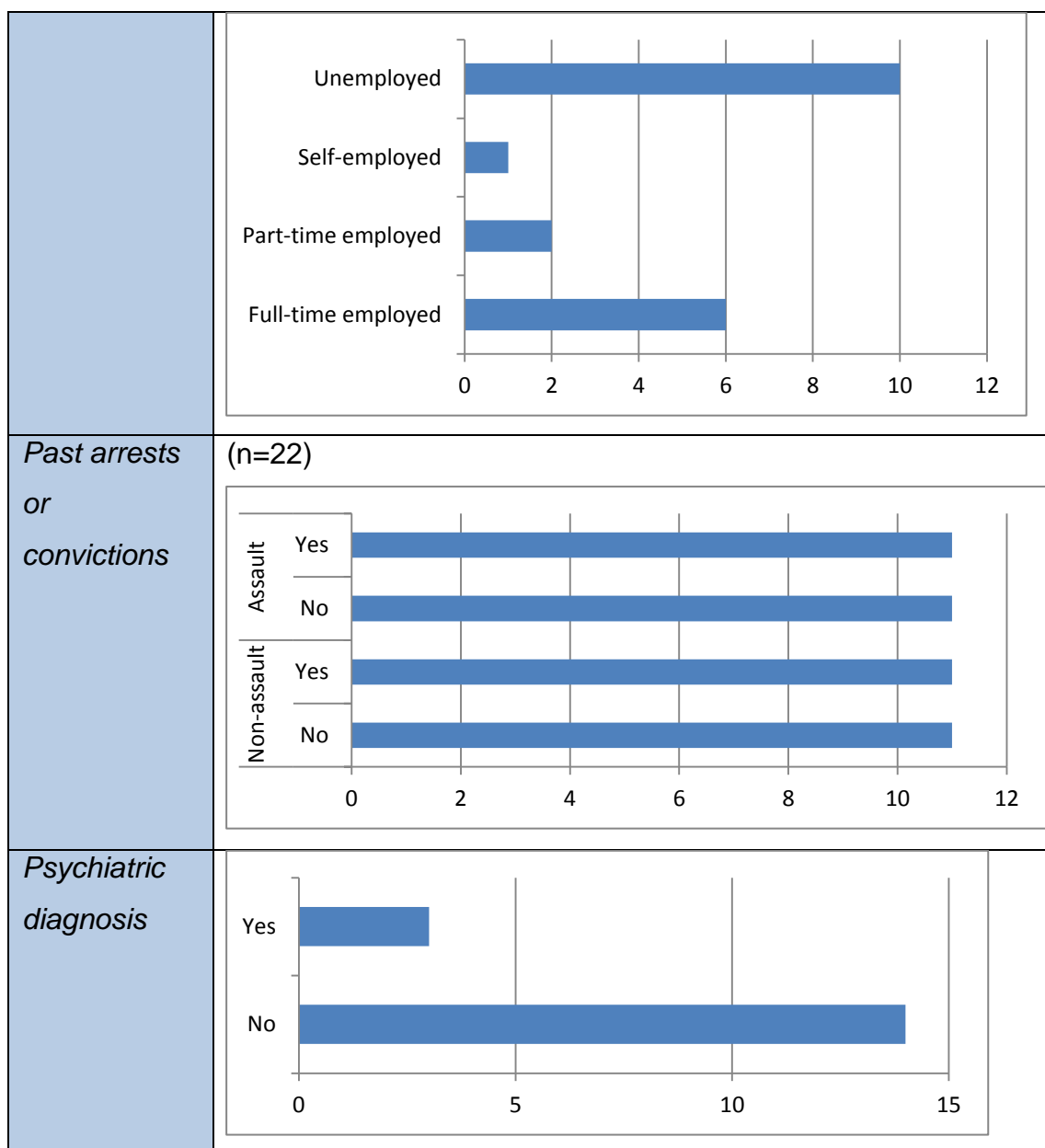
In addition to the work done with fathers, additional information was collected from each group as follows:

	Additional information collected
--	---

<i>Group 1</i>	<p>Interview with programme facilitator (n=1)</p> <p>Interview with referring professional,</p> <ul style="list-style-type: none"> ○ pre-programme (n=4) ○ post-programme (n=4) ○ 6 months post-programme (n=1)
<i>Group 2B</i>	<p>Interview with programme facilitators (n=2)</p> <p>Interview with partner, post programme (n=2)</p> <p>Interview with specialist family support team manager (n=1)</p> <p>Interview with referring professional,</p> <ul style="list-style-type: none"> ○ pre-programme (n=4) ○ post-programme (n=4) ○ 6 months post-programme (n=2)
<i>Group 3</i>	<p>Interview with programme facilitators (n=2)</p> <p>Focus group with fathers, 6 months post-programme (n=1)</p> <p>Interview with referring professional,</p> <ul style="list-style-type: none"> ○ pre-programme (n=6) ○ post-programme (n=6) <p>6 months post-programme (n=3)</p>
<i>Group 4B</i>	<p>Interview with programme facilitator (n=2)</p> <p>Interview with referring professional,</p> <ul style="list-style-type: none"> ○ pre-programme (n=2) ○ post-programme (n=2) ○ 6 months post-programme (n=2)
<i>Group 5A</i>	<p>Interview with programme facilitator (n=1)</p> <p>Interview with women's safety worker (n=1)</p> <p>Interview with referring professionals,</p> <ul style="list-style-type: none"> ○ pre-programme (n=6) ○ post-programme (n=6) <p>6 months post-programme (n=3)</p>
<i>Group 5B</i>	<p>Interview with programme facilitator (n=1)</p> <p>Interview with groupwork and parenting coordinator (n=1)</p> <p>Interview with women's safety worker (n=1)</p> <p>Interview with referring professionals,</p> <ul style="list-style-type: none"> ○ pre-programme (n=4) ○ post-programme (n=4) ○ 6 months post-programme (n=2)

Demographic information was not forthcoming for all of the participants. Some key characteristics of the sample based on available information are summarised below:

	Sample characteristics (based on information collected)																										
Age	<div>(n=18)</div>  <table border="1"> <thead> <tr> <th>Age Range</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>51-60</td> <td>2</td> </tr> <tr> <td>41-50</td> <td>6</td> </tr> <tr> <td>31-40</td> <td>8</td> </tr> <tr> <td>21-30</td> <td>1</td> </tr> </tbody> </table>	Age Range	Frequency	51-60	2	41-50	6	31-40	8	21-30	1																
Age Range	Frequency																										
51-60	2																										
41-50	6																										
31-40	8																										
21-30	1																										
Ethnicity	<div>(n=22)</div>  <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>White-Other</td> <td>3</td> </tr> <tr> <td>White-Irish</td> <td>1</td> </tr> <tr> <td>White-British</td> <td>4</td> </tr> <tr> <td>Mixed-Asian</td> <td>1</td> </tr> <tr> <td>Black-Caribbean</td> <td>4</td> </tr> <tr> <td>Black-African</td> <td>1</td> </tr> <tr> <td>Asian-Pakistani</td> <td>1</td> </tr> <tr> <td>Asian-Other</td> <td>2</td> </tr> <tr> <td>Asian-Indian</td> <td>1</td> </tr> <tr> <td>Asian-Indian</td> <td>1</td> </tr> <tr> <td>Asian-Bangladeshi</td> <td>1</td> </tr> <tr> <td>Arab</td> <td>1</td> </tr> </tbody> </table>	Ethnicity	Frequency	White-Other	3	White-Irish	1	White-British	4	Mixed-Asian	1	Black-Caribbean	4	Black-African	1	Asian-Pakistani	1	Asian-Other	2	Asian-Indian	1	Asian-Indian	1	Asian-Bangladeshi	1	Arab	1
Ethnicity	Frequency																										
White-Other	3																										
White-Irish	1																										
White-British	4																										
Mixed-Asian	1																										
Black-Caribbean	4																										
Black-African	1																										
Asian-Pakistani	1																										
Asian-Other	2																										
Asian-Indian	1																										
Asian-Indian	1																										
Asian-Bangladeshi	1																										
Arab	1																										
Employment	<div>(n=19)</div>																										



Information on other factors such as a history of substance misuse and parental conflict were picked up from interviews with referrers, and are discussed in Section 7.3.

5.4 Analysis

Data analysis was undertaken as follows:

- Thematic analysis of interviews with group facilitators, women's support workers and programme coordinators, in order to summarise key process issues.
- Quantitative analysis of questionnaires with fathers, using paired sample tests to establish whether there had been significant changes between pre- and post-programme measures.
- Qualitative analysis of interviews with fathers, assigning risk ratings in five pre-determined categories to assess areas of concern and explore changes in those completing the programme.
- Analysis of feedback from referrers, collating responses on concerns at the point of referral, and perceptions of progress on identified issues after programme completion.

A final stage of analysis employed a systems approach to synthesise the findings on process and outcomes. This enabled a critical review and evaluation of programme theory, using causal loop diagrams to illustrate the key mechanisms of change.

5.5 Limitations

The evaluation is based on a limited sample and without a comparison group. It would therefore be hard to draw generalizable conclusions in terms of overall programme effectiveness. The small sample of paired pre- and post-programme questionnaires, and the small overlap between participants completing questionnaires and interviews, also meant there was less triangulation than planned within the sample of cases. There were also methodological flaws in the questionnaire data, as explained in Section 7.1. These limitations mean that the analysis has had to draw primarily on qualitative data, albeit from a range of sources, for the evaluation of outcomes. Engagement of partners and mothers was also limited for most of these groups, which is discussed in Section 6.5 as a finding of process; the views of women were mostly ascertained second-hand via children's social workers.

6 Findings on process

6.1 Referral and screening

A total of 163 referrals were received for the eight groups tracked during 2013 and early 2014. Referrals were received through children's social care or London Probation, and were then screened initially by the respective commissioning teams located within children's social care for each area. The main source of referrals was children's social workers, with others coming from probation and CAFCASS. The screening process involved a 'three-way' meeting involving the father, referrer and one of the group facilitators. Suitability for the group was based on this meeting and if necessary further discussion with managers in children's social care and probation services. Only one local authority kept an administrative record of which fathers attended screening interviews; information on screening was therefore obtained from interviews with facilitators and was only approximate. Not all participants on the programme necessarily attended the first session, but in all groups the 'cut-off' point for starters was set at week 3, after which the group was deemed to have formed.

	Referrals	Screening	Attended Wk 1-3	Completed	% referrals attended	% attended completed
Group 1	16	approx 13	10	6	63%	60%
Group 2A	20	not known	8	7	40%	88%
Group 2B	31	approx 18	7	5	23%	71%
Group 3	18	not known	10	7	56%	70%
Group 4A	15	not known	8	5	53%	63%
Group	22	approx 10	9	5	41%	56%

4B						
Group 5A	28	approx 21	13	8	46%	62%
Group 5B	13	approx 10	7	5	54%	71%

The statistics show quite a large attrition rate from referral to starting the group, ranging from 59% to 37% across the 8 groups. Based on information from facilitators, most of the attrition was a result of fathers not engaging with the screening process. Many simply did not turn up for their appointment. According to facilitators, there were a number of reasons for this. Some fathers thought the programme was not appropriate for them because they did not believe their intimate relationships were abusive. For others, shift work patterns or long travelling distances made it hard for them to attend meetings. There were similar reasons for subsequent attrition to the number of men actually attending the first session. A minority of fathers were declined at the screening stage for reasons of risk: high levels of domestic violence, denial and minimization, and aggressive behavior. The decision to screen out fathers on this basis was generally made by facilitators in consultation with the children's social care team coordinating group interventions in the area, and with the service manager in rehabilitation services (probation). These decisions were made on a case-by-case basis and there was no formal protocol for excluding on the basis of risk.

6.2 Facilitation

Caring Dads is designed to be run by two or three facilitators, preferably with a mixture of male and female practitioners. Some groups chose to allocate three facilitators to each group in order to ensure that at least two were available on a given week. General information about facilitators for the participating groups is summarised below:

22

Group 5A*	Three facilitators, one female probation group facilitator*, one male social worker*, and one male family support worker, present throughout; some sessions delivered by two people, none with previous experience.
Group 5B *	Three facilitators, one female probation group facilitator*, one female social worker, and one male probation group facilitator; the male facilitator left after two sessions, one out three with previous experience.

* These facilitators were interviewed for the evaluation

It will be apparent from the table above that most groups were planned with a combination of male and female facilitators, and a combination of practitioners from social work and probation. Groups starting off with three facilitators tended to see some change and turnover in terms of facilitation, with groups run by just two people necessarily having to remain more stable. More than half of the facilitators (13 out of 22) were running the group for the first time, which points to a high turnover of facilitators given the investment in training (see Section 6.6).

6.2.1 Group dynamics

All the facilitators interviewed for this evaluation commented on group dynamics, which were seen as intrinsic to programme delivery. This points to the value of skilled and experienced facilitators, and certain issues were highlighted as significant for group development. It was noted that after the first three weeks, groups tended to settle down into a 'core' of men who would attend most sessions and complete the programme. As part of group formation, one or two 'key people' or 'strong characters' would often emerge, and this could be both beneficial and detrimental from the perspective of the facilitators. The advantage was that these men would often speak up and

initiate discussions, and later on might also be inclined to 'push' or challenge other group members on their own views. This allowed more scope for facilitating dialogue rather than 'teaching the material', enabling fathers to feel that it was 'their' group. Less helpful was when some individuals regularly expressed negative views, for example to do with social services or with their partners, or took over a discussion. This kind of behaviour had to be managed carefully, for example by allocating a group member to monitor time-keeping or turn-taking.

Many facilitators, particularly the social workers, felt that a key task for the group was to initiate and encourage reflection, which was seen as the fundamental driver of change. This meant giving fathers the confidence to open up and disclose aspects of their lives they were unused to discussing with other men. It was recognised that for many of the participants this would be an unfamiliar and initially discomforting experience:

'It's a reflective group, you know. The work should be done through engaging men in a process of reflection and I think to do that we need to give them a bit more time to engage with the emotions of the process of reflection, to bring about the change that's needed'.

Facilitator, Group 5A (social worker)

In this respect, it was helpful if the group contained one or two men who were open to discussing their family life, or did not mind acknowledging problems or bringing a parenting issue to the group. Again, this helped the men to learn from each other. A facilitator recalled that the admission by one father that he was a recovering alcoholic who had been violent at home seemed to encourage the others to be more forthcoming about their reasons for being referred to the group. Another sign of reflection was when fathers started to shift from blaming others for their situation towards accepting more responsibility for their own actions. Many of the men were initially inclined to use the group as a forum for criticising their partners, often in the context of

difficult personal relationships, and to some extent this may have served to deflect attention away from their own behaviour:

'they were candid but they weren't really talking about their own stuff, they were talking, a lot of them, about problem issues that they'd had with their partners, in which the partners didn't come out that well'

Facilitator 1, Group 3 (probation group facilitator)

How and when to challenge the views of the fathers was seen as a problematic issue in all the groups. Facilitators felt that as the group progressed the men – or at least some of them – would recognise some of the abusive or 'parent-centered' elements of their behaviour towards their children and partners. An example of this was the common assumption that children 'did not know' or were not really affected by parental conflict and domestic violence. This pointed to the importance of reflection – the idea perhaps being that reinforcing the principles of 'child-centered' parenting would create a dissonance with previously held beliefs. However, it seemed that a validation of more positive attitudes towards fathering did not necessarily lead to more realistic self-appraisal, at least in the group setting:

'I got the sense that they were admitting to stuff but they weren't totally upfront about what they were talking about... Various reasons, maybe they're upset, maybe they're embarrassed about it, maybe they think that they're going to be the only guy in the room that has done that to their partner, maybe they think that, you know, the guys are going to look at them differently because they've said that.'

Facilitator 2, Group 2B (parenting support worker)

Of course, the absence of self-disclosure does not preclude the possibility that men were privately re-evaluating their actions. However, facilitators were concerned about group dynamics that produced an excessive degree of blaming behaviour towards partners and ex-partners. This was particularly the

case in one group, in which several fathers seemed to buy into the idea of improving their relationships with their children while remaining largely in denial about their history of domestic abuse. Her efforts to challenge this dynamic were largely unsuccessful, eliciting defensive and sometimes aggressive responses from the men. Consequently, she felt that the programme's aims, i.e. to address abusive behaviour via men's identities and aspirations around fatherhood, may have been somewhat subverted by the end:

'A lot of them, it felt like their issue was much more DV than parenting, and so we had this kind of group consensus that everyone here's a good dad anyway, you know, and the problem is our partners. So it was quite hard to break through that'.

Facilitator 1, Group 4B (probation group facilitator)

These comments provide an uneasy subtext to the building of rapport and relationships, and the opportunity to 'learn from other fathers', which were certainly valued by the men themselves (see Section 6.4). Indeed, Featherstone et al. (2007: 58) note in relation to groupwork with men that 'the gathering of men together, whether in the presence of female facilitator or not (especially if not) can easily become a forum for men to express resentment at their partners, their limited lives, or even the world in general'. Managing these tensions is likely to be one of the most challenging aspects of facilitating an intervention focusing on the 'father identity' rather than on the 'abuser identity' in the manner of domestic abuse perpetrator programmes. It also raises the question of 'readiness for change', and the utility of three-way meetings to explore men's insight and motivation, as well as their risk history. As one facilitator noted, many fathers will be ambivalent about being referred to the group, and the challenge was to 'nurture' their motivation, e.g. by giving them the opportunity to speak to a father who had completed the previous programme.

6.2.2 Programme delivery

All groups except one were facilitated using the first edition of the Caring Dads manual (2010). The exception was Group 5A which used the revised edition (2014). Interestingly, given the issues explored above, one of the changes made to the new edition was to relocate material about fathers' relationships with their children's mothers, so this was covered earlier on in the programme. The number of sessions and much of the basic content remained unchanged. Facilitators on all the groups reported having delivered the formal content of sessions as set out in the manual, although not all of the activities could be done. The main constraint on programme fidelity was time, with late arrivals, catch-ups and check-ins often eating into the time available for the session. This meant that material was sometimes carried over from one session to the next. A more subtle constraint was perhaps a corollary of the programme's emphasis on motivation and group formation, which created a tension between open and didactic forms of delivery:

'you're constantly walking this line between... we engaged these men, we get these men onboard by saying, "This is your opportunity to be heard as fathers, this is your group," you know, we do all that motivational stuff at the beginning, and then this group, they were quite hard to take it back away from [laughs]'
Facilitator 1, Group 3 (probation group facilitator)

'I think there's certain things that you just would like to teach them [laughs], you know... but it's quite an interesting context for me in terms of you can't really do that'
Facilitator 2, Group 3 (social worker)

The consensus was that these groups did not work very well as purely instructional sessions, in the manner of a parenting course. Instead facilitators needed to draw on dialogue and discussion and the examples brought by fathers in order to explain and illustrate the core concepts at the heart of each

session. One facilitator commented, 'we probably did one concept a week, but we didn't necessarily get through every exercise'. It was also noted by a couple of facilitators that the examples and scenarios given in the handbook assumed a Canadian context and so were not always relevant to the fathers. In these cases, facilitators would have to make up other examples instead, or adapt the scenarios. Several facilitators commented that DVDs and video clips seemed a particularly effective way of communicating ideas and stimulating discussion. It was therefore frustrating when these resources were not readily available, as was the case in a couple of groups.

The need for flexibility in delivery did not imply a lack of preparation. It was usual for facilitators to meet at least couple of hours before the group started in order to prepare the venue and materials discuss how to deliver the session together. Ideally facilitators would have liked more time to prepare, i.e. to meet earlier in the week, but this was not really feasible as they generally had full-time jobs in different agencies. Most facilitators seemed to stay for a quick 'debrief' after the session, which helped them to manage emerging issues with particular fathers, address group dynamics and facilitation methods, and plan for the next session. Meeting immediately afterwards also helped with the requirement to write weekly reports for referrers giving feedback on men's engagement. However, in a couple of the groups, debrief was not possible due to the venue closing immediately after the session finished. Additional time outside of the session was then taken up with contacting fathers, arranging catch-ups, writing weekly reports, and communicating with referrers. Overall, facilitators reported spending around five hours a week on Caring Dads during the course of the programme, in addition to the two-hour session itself. Furthermore, after the group finished, facilitators were generally expected to provide a final summary report for men who had completed it.

6.2.3 Facilitator relationship

With the exception of one group, which is discussed below, facilitators

generally reported having a good working relationship with one another. As noted earlier, most of the groups were facilitated by a combination of male and female facilitators, who were from social work and probation backgrounds. These combinations did not seem to pose any difficulties in themselves. While the groups that started off with three facilitators were able to be more flexible in who delivered sessions, catering more easily for holidays and illness, it also had repercussions for stability. One male facilitator noticed a change in the group dynamic when his female colleague was not there – although he wondered whether this was due more to her skill and experience at running groups as to any difference made by her gender. Being absent for a period of time also made it more difficult to form and sustain trusting relationships with group members:

'I went away for a month and when I got back, there was a two week gap anyway at Christmas time but I was told by one of the guys that I'd missed a lot of stuff and it was, they felt a bit awkward with me in the room at the time... They'd obviously had some experiences over that time together because it was Christmas time, a lot is happening and the guys had shared things and I'd kind of missed out on that information'.

Facilitator, Group 1 (social worker)

In another group, it was observed that having the same male and female facilitator in every session created an intense, almost parental dynamic, 'the 'mum and dad of the group', which was noticed and commented on by the men themselves. While this perception could be awkward at times, the facilitators felt that they were able to use it model positive forms of negotiation and communication:

'It's about when you maybe have disagreements, sort of being transparent about that but in a way that is modelling a healthy kind of negotiation between a couple about well you know, "What do you think of it?" "I don't quite agree with you there but, you know", and just kind of helping us to feel more relaxed

about that and actually realising that that is really a good opportunity.'

Facilitator 2, Group 2B (parenting support worker).

As illustrated in this quote, a common theme in the interviews was dealing with – and indeed making a positive attribute of – differences in facilitation styles and working methods. Often these differences became apparent because of issues noted already in relation to group dynamics or programme delivery. For example, some facilitators had a more didactic (teacher-like) style than others, who preferred a more open, dialogue-based approach. Some facilitators, particularly those new to the programme, wanted to prepare in detail and stick to the manual, whereas others preferred to use the material in a more spontaneous fashion to generate dialogue and discussion. This did not appear to be a problematic issue on the whole, as practitioners were generally able to discuss differences in facilitation style constructively. In one group, however, the two facilitators' relationship came under great strain due to the aggressive behaviour of one father and the general level of denial and minimization of domestic abuse in the group as a whole. Unfortunately, the facilitators, who had never worked together and had limited preparation to do so, were unable to achieve a consensus on how to deal with these problems:

'I got a lot of vitriol again, and that, and I kind of struggled with that because for me even though we were co-facilitating I felt my co-facilitator was more interested in his wellbeing than my wellbeing, so for me that clouded how the rest of the group went because I know I didn't challenge the dads on the group as much as I could because I didn't have faith that my co-facilitator would back me in that instance'.

Facilitator 2, Group 4B (social worker)

The facilitator quoted above, who was a female social worker with previous experience of running Caring Dads groups, wanted to take a more challenging and direct approach than her colleague, who was a male probation facilitator and had not run the group before. Eventually the decision was taken to

remove the most aggressive and abusive participant from the group, but in some respects the damage to 'co-facilitation' had already been done. Significantly, these facilitators did not get any supervision specifically in relation to Caring Dads, and both felt this might have been helpful to resolve some of the issues early on. In fact, this lack of supervision was a feature of most of the groups. Only two sets of facilitators reported having formal supervision together. In Group 5B supervision was with a local authority team manager and in Group 2B with a clinical psychologist, with four joint meetings arranged during the programme. Supervision with a manager tended to be more task-focused whereas supervision with the psychologist enabled facilitators to work through some of the process issues identified above, such as differences in style and approach.

6.3 *Communication with referrers*

Facilitators on all the groups commented on the variable nature of communication with professionals (mainly social workers) who had referred fathers onto the programme. In part, this was down to the arbitrary nature of issues that required discussion and dialogue, e.g. changes in circumstances or care planning, which required information to be shared. A few facilitators commented on being able to help the relationship between professionals and fathers, some of whom were antagonistic or reluctant to engage with their children's social workers. In one of these cases, the social worker regularly came to meet the father, with the facilitator present, before the group started – providing a neutral and safe venue for both.

For some facilitators, however, the lack of contact from referrers was a source of dissatisfaction and frustration. Often it seemed that referrers were not very clear about why they had referred fathers in the first place, and were sometimes reluctant to liaise with facilitators and attend screening interviews:

'I think sometimes there's a tendency just to kind of make a referral without sort of really giving a lot of thought to "Okay, well what are you asking for with this referral?" Or "What is the purpose of this? What specific work do you think needs to happen with him?"I wish I would have had more conversations with social workers at the beginning about that and what was going to be helpful for that father.'

Facilitator 1, Group 2B (social worker).

Similarly, once the group had started facilitators often felt that communication was rather one-way. Weekly reports were sent but without any reciprocal feedback from social workers about what was happening in the family and whether any changes had been noted and reinforced outside of the group:

'Some Social Workers are good to talk to, others were not at all and it doesn't make sense to me because if you've got somebody who's, that you work with, who is seeing one of your clients every week for months you'd be tapping into that, going "Can we have a sit down and can we talk about what you know and what I can maybe hear from how things have been like?"'

Facilitator, Group 1 (social worker).

As a result, it was not always clear whether social workers read and used the weekly feedback reports in order to inform their work with the family. Quite often cases were closed to statutory children's services without the facilitators being aware. On the other hand, the weekly reports could be a valuable working tool. For example, one social worker noticed in the feedback that a father had spoken in the group session of feeling anxious about his children coming to live with him. This information was helpful for the next home visit, as the social worker focused the discussion on what support the father felt he needed. A noticeable feature of this case was that the father was being considered as full-time carer for children who could not remain with their mother. In another group, the use of Caring Dads as a kind of supplementary assessment process also seemed to be associated with greater interest from

referring practitioners, with the final report being used to inform social workers' evidence in court proceedings:

'There's two cases I think at least where the Courts seem to have cottoned onto the fact that we're doing this course and therefore wanted some report back from the group.'

Facilitator 2, Group 3 (social worker)

Such cases therefore stimulated interprofessional working because of the additional factor of scrutiny from the court, but constituted a minority of the overall referrals (see Section 7.3.5). A final point about communication between referrers and facilitators was the limited use of midway reviews. None of the groups covered in this evaluation had any formal meetings between facilitators, participants and referrers after the initial screening. One facilitator commented that he had tried to arrange midway and final reviews in a previous group, but this had required a lot of work on his part. Social workers were often difficult to reach and seldom proactive about contacting facilitators or arranging meetings. For the most part, communication with referrers after the start of the programme seemed to be ad-hoc and variable across cases.

6.4 Feedback from fathers

The relatively high attrition rate reported in these groups (Section 6.1) means that the sample of programme completers was quite self-selecting and so these fathers could be expected to express positive views at the end of the programme. This was indeed the case, and all of those interviewed at T2 reported themselves to be happy with their experience of Caring Dads. Several of the men commented that they had initially been sceptical about the point of attending but that the programme had changed their minds:

'I'm not actually sure why I'm on this course, 'cos I've been a dad since I was

21, I'm 46 now, I have five kids [...], so I'm well used to parenting.'

'John', Group 2B (T1).

'Whereas I went in with the wrong attitude, I soon realised that, yeah, this is a good course and I'm gonna fully engage in it and I did, and I'm the one who benefited from it and then ultimately, hopefully my kids will benefit from it. So it definitely, I mean I was probably the most experienced father there but I learnt every week I went to the course, I learnt something new'.

'John', Group 2B (T2).

'I don't know how helpful it will be, it all seems very basic but this is the first session so... I mean I was looking through the booklet and I didn't really see that much that wasn't just sort of, they were telling us that wasn't sort of really commonsense.'

'Noah', Group 3 (T1)

I thought it was excellent and considering where I was coming from when I first spoke to you, you know, I think that says a lot about it.

'Noah', Group 3 (T2)

The quotes from John and Noah illustrate the extent to which the programme managed to engage these fathers and deliver something beneficial to them over the course of 17 weeks. Similar reasons were given by a lot of the men. A common theme was that of enjoying the company of other fathers and learning from each other's experiences. Some fathers noted that they would miss the regular meetings, which they would have considered unlikely at the start. Of course, feelings of companionship and solidarity can have ambiguous meanings in the context of group work with abusive men (see Section 6.2.1). Nonetheless, the rapport developed between fathers in the group, and their willingness to discuss problems and issues with each other, was of great importance to the group process (Section 8.2) and it was encouraging to see this confirmed by the men themselves.

However, most of the fathers felt they had learned something useful in the group that had helped them in the relationships with their children. Areas that many fathers highlighted were information about child development, the distinction between child-centred and parent-centred approaches (see Section 8.2.3), the importance of listening to children, and an activity to develop awareness of the link between thoughts, feelings and actions. Several men also noted that the programme had helped them understand the impact of loud arguments and violence on their children, making them more aware of their own reactions and responses:

'I mean I've definitely learnt lots of stuff about child development and you know, violence and you know, child centred and parent centred and you know, we've gone through you know, the thinking and the action and you know, the whole three sequences, and just in general being more reflective of how you behave once you react to certain situations, and being able to sort of think through what happened and why it happened'

'Terry', Group 5B (T2)

In terms of what could be improved, fathers in one group (5A) considered that the number of participants was too large at the beginning, and noted the disruptive effects of having interpreters in the session. Others thought that the programme should be offered to all fathers and not just those whose children were subject to child protection plans. Some of the men commented that the facilitators had been accessible and helpful, and that their positive experience on Caring Dads was in stark contrast to the often fraught relationships they had with social workers and other professionals:

It is because over the years I've had Social Services on my case for long years now, almost ten, fifteen years and within that ten or fifteen years I've always refused the help up until this time. Now this time around I wasn't forced into it, I wanted to come into it, maybe I thought this course should, you

know, open my eyes in a different way and it has, I'm kind of glad that I've attended.

'Nolan', Group 2B (T2)

Overall, the feedback from fathers reflected the motivational approach of the programme and the importance of skilled facilitators in building group cohesion and presenting the material in an accessible and useful way.

6.5 Partner contact

The degree and nature of partner contact varied widely among the groups studied, probably due to the programme's ambiguous identity as a safeguarding intervention managed jointly between probation and child welfare services. Generally speaking, any programme run by probation services for perpetrators of domestic violence would require a worker, usually a Women's Safety Officer (WSO), to make contact with the partner/ex-partner of each participant. Theoretically, this was also the case for Caring Dads. However, since the programme is designed for fathers whose children already have involvement with statutory children's services, there was usually a parallel form of monitoring from children's social workers. In groups where WSOs were not contacting the women, or were not doing so consistently, it was assumed that this role was being carried out by the social workers. However, the variable nature of interprofessional communication (see Section 6.3) raises the question of how information from the women is being fed back into the programme.

One site studied in this evaluation made a coordinated effort to undertake partner contact for men participating in Groups 5A and 5B. For both these groups, a women's safety officer and a social worker worked together with the group facilitators to organise and carry out partner contact, under the role of 'women's support workers'. Interviews with these professionals gave an insight into the complexities of partner contact and its integration into the

overall programme. Overall, they felt that good communication with the group facilitators was essential to the operation of partner contact. In one group (5A) there was a lack of information about referral numbers, attendance and attrition. In particular, they felt that mothers urgently needed to be informed if it seemed that men were dropping out of the programme. This issue was much better managed in the second group (5B) in which it was felt there was better communication with facilitators, including joint meetings with women's support workers and programme managers. It was suggested that these professionals should see themselves as a small team rather than work independently:

'We would suggest that the Caring Dad's Team including the Women's Support Workers meet at the beginning, middle and end of the programme to review progress and have case discussions.'

Women's support worker (Groups 5A and 5B)

The practitioners' experience from prior groups was that it was better to start contacting women at the point of referral, in order to expedite the initial conversation and engage a higher proportion of women. However, this ran the risk of wasting resources when a lot of unsuitable referrals were received, as was the case for Group 5A. Overall, they were able to contact about two thirds of women whose partners attended the start of the programme, and around half of these again at the end of the programme. The mothers in these cases tended to have a lot of agency involvement already, particularly if their children were on child protection plans, and often were reluctant to have yet another new practitioner involved. On the other hand, there was scope for women support workers to use the existing network to integrate partner contact into other work being done, e.g. home visits, office meetings) in order to get more feedback. In this respect, the WSOs felt that collaboration with children's social workers could be extended and improved. WSOs gave feedback on all partner contact via email to referrers and facilitators, and in a few cases also spoke to the social worker on the phone. No significant concerns were reported by any of the women, and some spoke very positively

about the changes they were observing in their partners responsiveness towards their children.

The feedback from these two groups does raise questions about the more sporadic approach to partner contact adopted in other sites. Developing a consistent approach clearly demands a more sustained level of planning and resourcing. In particular, the suggestion from WSOs that running these groups effectively involves a 'Caring Dads Team' has some implications for the way the programme is integrated into the overall safeguarding system, as discussed in Section 8.5 and Section 9.

6.6 Time and cost

6.6.1 Elements of programme delivery

Information about times and costs was obtained during interviews and correspondence with the group facilitators and managers with an oversight of programme delivery. The analysis was based on an understanding of all the elements involved in delivering a group intervention, which are summarised as follows:

- *Administration costs* – depending on which team was responsible for the commissioning and delivery of group interventions, administrative support was available for some groups to coordinate referrals, arrange screening interviews, collate reports and liaise with social workers and facilitators.
- *Management costs* – while probation services retained overall managerial responsibility for the programme, specific groups were commissioned and managed by children's social care services, usually with a specialist parenting support team.

- *Screening costs* – on the basis of referrals received, facilitators aimed to hold three-way meetings with all the fathers and referrers in order to assess risk and determine suitability for participation in the programme.
- *Facilitation costs* – as noted above, groups were planned to be delivered either by two or three facilitators. Facilitators were a combination of social workers, probation group facilitators and parent/family support workers, whose salary costs per hour would therefore vary according to role and seniority. Overall facilitator costs were broken down into the following elements:
 - Delivery of 17 week group intervention
 - Preparation and planning, catch-ups with fathers, and debrief
 - Writing weekly reports for referrers
 - Communication with fathers, professionals and administrators during the course of the programme
- *Training* – all facilitators need to undertake a two-day specialist training course for Caring Dads. In the groups evaluated, there was a high rate of turnover for group facilitators (see Section 6.2). Only one group had facilitators who had worked together before, and over half the facilitators had never run the programme before. It can therefore be assumed that each group is likely to involve some training costs for new facilitators.
- *Supervision* – specific supervision on delivering the group intervention was provided for one group with a clinical psychologist, and for another with a team manager. Four sessions were planned.
- *Venue hire* – seven out of the eight groups took place during the evening in a local authority children's centre, and one group in a statutory services office building. Use of the children's centre can be costed at the price of half-day hire.

- *Security* – for late-running groups there might be an extra cost for security personnel due to an extension of normal opening hours for the children's centre.

6.6.2 Breakdown of cost

A detailed breakdown of cost was done for one local authority, who supplied information on hourly rates for those involved in delivering each element of a particular group (2B). The breakdown assumes the full involvement of three facilitators, which due to illness was not the case for all the sessions in this group. It was also decided to include training costs for all three facilitators, as this group started with three different facilitators from the previous one, whereas a more consistent presence of facilitators from group to group would reduce the costs attributable to training. The analysis also did not take account of the time that would be required for facilitators to complete a final summary report to referrers, as this did not take place for this group.

Type	Description	Amount (units)	Cost per unit (5)	Total	% of Total
Administration	Administrator time	7 hours	£16.40	£114.80	1%
Management	Manager time	7 hours	£20.76	£145.32	1%
Screening	Facilitator 1 time	10 hours	£20.76	£207.60	5%
	Facilitator 2 time	10 hours	£25.29	£252.90	
	Facilitator 3 time	10 hours	£19.81	£198.10	
<i>Facilitation (1,2,3 & 4)</i>					59%
Delivery (1)	Facilitator 1 time	34 hours	£20.76	£705.84	17%
	Facilitator 2 time	34 hours	£25.29	£859.86	
	Facilitator 3 time	34 hours	£19.81	£673.54	
Preparation and planning (2)	Facilitator 1 time	34 hours	£20.76	£705.84	17%
	Facilitator 2 time	34 hours	£25.29	£859.86	
	Facilitator 3 time	34 hours	£19.81	£673.54	
Weekly reports (3)	Facilitator 1 time	34 hours	£20.76	£705.84	17%
	Facilitator 2 time	34 hours	£25.29	£859.86	
	Facilitator 3 time	34 hours	£19.81	£673.54	

Communication (4)	Facilitator 1 time	17 hours	£20.76	£352.92	8%
	Facilitator 2 time	17 hours	£25.29	£429.93	
	Facilitator 3 time	17 hours	£19.81	£336.77	
Training	Fee	3 participants	£799	£2,397	18%
Supervision	Fee	4 sessions	£45	£180	1%
Venue hire	Fee	17 half day hire	£80	£1,360	10%
Security (6)	Security guard time	51 hours	£11.93	£608.43	5%
GRAND TOTAL				£13,301.49	

Notes

1. 17 sessions @ 2 hours each
2. 17 sessions @ 2 hours each
3. 17 sessions @ 2 participants per facilitator @ 1 hour per report
4. 17 sessions @ 1 hour each
5. Hourly salary rates include additional employer's NI/agency costs
6. 17 sessions @ 3 hours each (17.30 – 20.30)

6.6.3 Discussion of costing

For this group, the total cost was calculated at £13,301.49. This worked out at a cost per participant of £1,478, if one counts all nine fathers who took part in the programme at some stage. The cost per participant rises to £2,660, if one counts only the five fathers who completed the programme. Facilitation costs were the most significant part of the total (59%). These costs include preparation and planning, which took up as much time as facilitating the session itself, and additional time spent writing reports and communicating with the network.

The groups studied in this evaluation would have seen a variation in costs in terms of the need to train new facilitators, the requirement for final reports to be prepared for referrers, and the number of facilitators involved in delivering the programme. Most obviously, costs would have been reduced by restricting the number of facilitators to two people, although this does require both to be

available for every session. Keeping the same facilitators for successive groups would also reduce the proportion of costs attributable to facilitator training, which accounted for 18% of the total. In the example shown above, venue hire and security came to 15% of the total, so holding the group in a venue that did not incur these costs (as Group 3 did) would also make it less expensive to run. Arguably, cost-effectiveness is maximized by increasing the number of men completing the programme, bearing in mind the issues considered in Section 6.2.

7 Findings on outcomes

7.1 Self-reported measures

Four sets of measures were completed at the beginning of the programme by 43 fathers and at the end by 22 fathers. The drop-off in completion was due partly to fathers not attending the final session or completing the programme, but mainly to the lack of time available to administer questionnaires at the end of the programme. As noted already, facilitators often felt constrained in terms of delivering all the material contained in the manual, and were often under pressure to catch up by the end of the group. In addition, several of the men needed help to understand and fill in questionnaires, and some of the measures reported incomplete or inconsistent data. These methodological issues, combined with the small size of the 'paired' sample, affect the robustness of findings in relation to self-reported measures.

Questionnaires were completed manually by participants in the group, and the papers sent to the Caring Dads administrator for entry onto a spreadsheet. The anonymised spreadsheet (substituting research codes for names) was then forwarded to the researchers, who prepared summaries of paired samples for each of the measures for import into SPSS. Inversion of relevant questionnaire items and calculation of scales was done in SPSS. Reliability

was checked for each scale. For matched pairs, a non-parametric test (Wilcoxon signed ranks) was deemed more appropriate than T-Tests due to the non-normal distribution of data. An overview of the measures and analysis of results is provided below.

7.1.1 Inventory of father involvement (IFI)

According to Hawkins et al. (2002), father involvement is a multidimensional construct that includes affective, cognitive, and ethical components, and combines components of observable behaviour with indirect forms of involvement (e.g., providing, supporting mother). The IFI (short version) has 26 questions and eight factor scales, as well as a global score. The factors scales are: school encouragement, mother support, providing, time and talking together, praise and affection, developing talents, reading and homework support, and attentiveness. Analysis of reliability was conducted using Cronbach's alpha. The results indicate problems with the reliability of the scales using the data collected. Only one scale ('praise and affection') was internally consistent for both pre- and post- measures (over 0.7 Cron-alpha). Most of the scales showed an alpha score of between 0.4 and 0.6 Cron-alpha, and four scales had very low consistency (below 0.3 Cron-alpha). These results cast doubt on the relevance of any statistical tests for IFI scales other than perhaps the 'praise and affection scale'. Nonetheless, a pre- and post-comparison was undertaken using Wilcoxon signed-ranks test, which identified no significant change in the global measure following participation in the programme, $z = -1.214$, $p = 0.225$ (see Appendix 1), and no significant changes in any of the subscales except in two scales with low reliability. In summary, it was not possible to conclude that fathers in the sample had shifted positively in terms of father involvement.

7.1.2 Parenting alliance measure (PAM)

Parenting alliance describes the part of the marital or intimate relationship that is concerned with parenthood and child rearing. According to Weissman and Cohen (1985) a sound parenting alliance is created if each parent is invested in the child, values the other parent's involvement, respects the other's judgement and desires to communicate with them. The PAM has 20 questions producing two factor scales, 'Communication and Teamwork' (CT), and 'Feels Respected by other Parents' (Respect), as well as a global score. All the scales except one had very high internal consistency of over 0.9 Cron-alpha. The exception was the post-programme Respect scale (0.45). The global scores could be compared to normative data with clinical cut-offs at different percentiles. Only five results were below the normal range (above 20%) for the global pre-programme score, two of which were in the problematic (5-15%) range and three in the dysfunctional (1-5%) range. Global post-programme scores were available for three of these five participants, with one improving to the normal range and the other two improving slightly but remaining within the problematic and dysfunctional ranges respectively. For the sample as a whole, Wilcoxon signed ranks test results identified no significant change on the global parenting alliance measure following participation in the programme, $z = -0.44$, $p = 0.66$ (see Appendix 1b). Consequently, it was not possible to conclude that fathers in the sample had shifted positively in terms of parenting alliance.

7.1.3 Parenting scale (PS)

The Parenting Scale is a 30-item measure of dysfunctional discipline practices in parents. The PS yields a Total score and three recently revised factors (Rhoades & O'Leary, 2007): Laxness (permissive, inconsistent discipline); Over-reactivity (harsh, emotional, authoritarian discipline and irritability); and Hostility (use of verbal or physical force). There are recommended clinical cut-off scores for each of the factors. Out of the sample of 22, six fathers scored above the cut-off for 'laxness' pre-programme and five post-programme, with

only one father in the latter set having already been present in the former set. One father scored above the cut-off for reactive pre-programme and one post-programme, and this was the same father. No fathers scored above the cut-off for hostility. The scales had low levels of internal consistency, with only two factors (overreactivity_pre and laxness_post) showing alphas scores of over .7. The findings on clinical cut-offs perhaps suggest that laxness was the main self-reported issue for these fathers, and that fathers responded differently to the programme material in this respect. For the sample as a whole, Wilcoxon signed ranks test results identified no change whatsoever on the global parenting scale following participation in the programme, $z = 0$, $p = 1$ (see Appendix 1c).

7.1.4 Strengths and difficulties questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales: emotional symptoms (5 items), conduct problems (5 items), hyperactivity/inattention (5 items), peer relationship problems (5 items), and prosocial behaviour (5 items). Questionnaires for teenagers (11-16) cover the same factors but have slightly differently worded questions. These were treated as separate variables in the results. Scores can be categorised into four bandings: close to average, slightly raised/lowered, high/low, very high/low. In this sample, high or very high scores for children and young people were comparatively rare. However, reliability testing showed generally inadequate alpha scores for the separate scales, with no scales scoring above .7 for both pre- and post- measures. The Wilcoxon signed rank test showed no significant change in the overall SDQ scale following completion in the programme, $z = -1.382$, $p = 0.167$ (see Appendix 1d). Consequently, it was not possible to conclude that fathers in the sample reported any significant changes in relation to their children's strengths and difficulties.

7.2 Interviews with fathers

Semi-structured interviews were conducted with fathers at the beginning (T1) and end of the programme (T2), aiming to explore their relationships with their children and identify any attitudes and behaviour associated with risks to children. The interviews drew on the Risk Interview Schedule for Children (RISC), which was developed by researchers in Canada to explore parenting problems in fathers who maltreat their children (Stewart and Scott, 2014).

Transcripts were analysed for responses in relation to five areas of concern:

- Emotional unavailability and unresponsiveness
- Hostility, shaming and rejection of the child
- Developmentally inappropriate interactions with the child
- Failure to recognise the child's psychological boundary
- Exposure of the child to hostile interactions with the child's mother and/or undermining of the relationship between child and mother

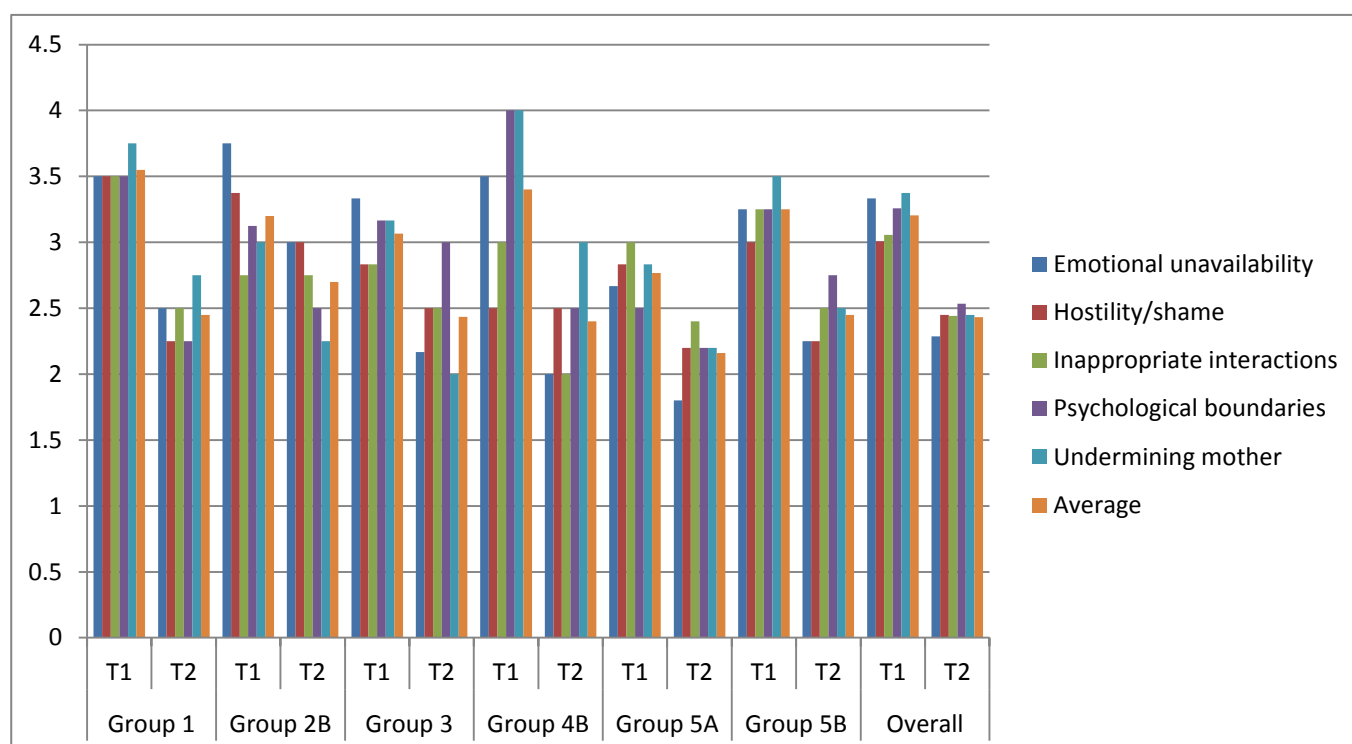
Two researchers independently rated each transcript on these categories, using guidance provided with the RISC schedule to assign a score from 1 to 5. A high score was indicative of parental behaviour and attitudes associated with greater risk of child abuse. Ratings were compared for consistency by means of a weighted kappa analysis in Stata, and achieved a moderate score for consistency of 0.52 (over 0.7 is generally regarded as a 'good' level of consistency). Where there was a divergence in ratings, the interviews in question were discussed and a score agreed between the interviewers.

At the pre-programme stage (T1) only three fathers were scored at a '5' in any of the categories, and none was scored at a '1'. The average overall score at T1 was 3.2. This suggests that the fathers referred to the programme presented at least some cause for concern in the responses given. Relatively higher average scores, indicative of the most concerning forms of parental behaviour, were found in relation to emotional unavailability, psychological

boundaries, and undermining of the children's relationship with their mother (see Appendix 2a). Relatively lower scores, although still averaging over 3.0, were found in relation to developmentally inappropriate interactions, and hostile/shaming forms of discipline.

At T2 there were no fathers who were scored at a '5', and six fathers who scored at a '1' in at least one of the categories. The average overall score at T2 was 2.4 – a decrease of 0.9 for all categories combined – suggesting that fathers shifted towards more appropriate attitudes and parenting practices during the course of the programme. Only two fathers out of the sample of 26 did not demonstrate any improvement based on interviews at the end of the programme. The biggest overall improvement was in emotional responsiveness, which changed from an average of 3.3 at T1 to 2.3 at T2. Ratings in other categories decreased by 0.6 to 0.9 overall from T1 to T2. These patterns varied somewhat between groups (see Appendix 2b). Overall, however, the level of ratings and the changes observed were pretty consistent.

Figure 8.2. Average RISC ratings from interviews with fathers



7.2.1 Emotional unavailability

Ratings in this category range from '1' to indicate fathers with a strong, positive connection with their child, to '5' indicating fathers who were clearly unavailable or unresponsive to their child (see Appendix 2a). For example, a father with a 'higher' rating in this category might be preoccupied with his own particular difficulties and therefore be unable to respond to his child's emotional needs, or provide an adequate alternative.

Interviews with fathers at T1 generally suggested at least one reason to be concerned about their emotional availability and responsiveness, with an average score of 3.2 for this category. 11 out of 26 fathers were rated at '4' and one at '5', so that for almost half the sample this was a problematic area of parenting. These fathers tended to be unsure about their children's likes and dislikes, were not very involved in their schooling, and emphasised aspects of their children's lives which they thought reflected well on them as fathers. Intelligence and obedience were often mentioned, and the provision of material gifts such as iPads. One father described constantly talking to his daughter about the importance of studying hard and getting good grades. As a result, they found it hard to tune into what made their children happy or upset, or think about the reasons for behaving exhibiting challenging or emotionally disturbed behaviour. In dealing with difficult family circumstances, fathers tended to focus on their own frustration and stress, rather than on their children's emotional needs. For example, in the two quotes below, both fathers are referring to their fraught relationship with adolescent daughters, who were living with their mothers:

'When I phoned her I said "I am so disappointed in what you've done to me because all I've done since this whole situation kicked off was try and do right by you and try and do right by [her younger brothers] and this is how you repay me. You do not understand the level of disappointment I'm feeling right now.'

'John', Group 2B (T1)

'She used to be loving to me, but she's very nasty now. She has a nonchalant attitude... And me and her have never had a telephone conversation. If I phone her but there's something, she is one who will talk and I will not talk and she is one who will decide to stop it, and hang up the phone.'

'Henry', Group 3 (T1)

At the heart of these comments lies not only annoyance about specific incidents but also a more general sense of powerlessness and frustration. These fathers no longer had the kind of relationship they wanted with their children, and characteristically would blame the children's mothers for not being good enough parents or 'turning' their children against them. As a result, they found it hard to recognise and respond to their children's underlying emotional needs, or accept some measure of responsibility for children's experiences of inconsistent parenting, maltreatment, parental conflict, or domestic abuse, which went some way to explaining those needs. Instead, there was an emphasis on routines and discipline as a way of counteracting difficult behaviour, possibly reinforced by traditional ideas about the fathering role.

In some cases, as with 'John' above, the referral to Caring Dads had come about because escalating concerns about the mother's care meant that fathers were now being considered as full-time carers for their children. Lack of parental attunement and responsiveness could therefore have serious consequences, given the impact of abuse and neglect on these children's emotional and psychological welfare. As noted earlier, one of the

programme's key aims is for fathers to reflect on their parenting and consider what else they might try to build a better relationship with their children. There was some evidence at the end of the programme (T2) that this had happened with John. The interview saw him speak more about his children's emotional needs rather than his own frustration and anger with their mother. The opportunity to reflect on his own parenting style also helped this father think about potential challenges and how he was going to meet the children's needs when they came to live with him.

'What I need to do is create a calm, warm, homely environment where she might want to stay in a lot more. She stays out a lot at the moment because she just doesn't want to stay indoors, not because it's such a bad place to be but her two younger brothers are there and there's not always food in the house and, you know, things like that.'

'John', Group 2B (T2)

Here, John's description of the kind of home environment he wanted to create encompasses ideas of containment and nurturing as well as routine and order. To some extent, similar shifts were evident in the interview at the end of the programme with 'Henry', who was also cited above. Like John, he was also being considered by children's services as an alternative carer – although in his case only to provide respite for his son, who had a learning disability and was fighting with his siblings at home. The relationship with his oldest daughter, whom he again described as 'nonchalant' and 'strong in her opinions', did not seem to have moved on very much. In relation to his son, on the other hand, he spoke about the effort he was making to help teachers with his behaviour in school, described the importance of 'getting to know' him and commented on the importance of listening, e.g. turning off the television when his son wanted to talk to him. Nonetheless, there remained a degree of animosity towards the mother that proved counterproductive at times, for example when trying to manage his son's feelings about being placed in a

residential school (to which the mother had agreed and which the father had opposed).

The examples of John and Henry illustrate some of the shifts that were characteristic of fathers rated at a '4' (or in one case a '5') in this category at the start of the programme, most of whom (7 out of 11) were subsequently rated at a '3' in their post-programme interviews, and some (4 out of 11) at a '2'. It indicates that in most cases more work still needed to be done, and reflects the extent to which emotional responsiveness was tied into other issues, particularly the co-parenting relationship. On the other hand, many of these fathers were also reporting positive results from the new strategies they were adopting, which may suggest that at least some elements of a virtuous circle had been initiated and that they would continue to learn from their experiences.

7.2.2 Hostility and shaming

Ratings in this category range from '1' to indicate fathers with 'particularly healthy perspectives on their child and his/her misbehaviour', to '5' indicating fathers who were 'clearly rejecting, hostile or shaming of his child' (see Appendix 2a). For example, a father with a 'higher' rating in this category might be inclined to harshly criticise their child, 'scapegoat' them for problems in the family, or describe them as having the negative traits of a disliked person (such as the mother).

Many of the interviews at T1 showed at least some evidence of this type of hostile or shaming behaviour, with an average rating of 3.0 and eight men scored at '4' (there were no '5's). The higher ratings were mainly a reflection of punitive attitudes to boundary setting, combined with difficulties in understanding children's emotional needs, as well as inappropriate expectations of children's behaviour at different stages of development. Relatively few fathers reported using physical chastisement to discipline their

children, although this may well have been under-reported given the circumstances of their interviews. Instead, fathers in this category reported a tendency to use critical comments as a mode of discipline, and to react in an aggressive manner to stressful or challenging situations involving their children:

'A big reason why I'm here, is I get cross quite quickly and I will be quick to tell him off about certain things. So whereas sometimes I do amazingly well in some things with him, I feel like I wipe all that out when, you know [...] I mean I'm a bit, I'm probably not the best person to be around these days with my situation.'

'Stan', Group 5A (T1).

I explain her like why you should not walk out the classroom, why you should not do things that you're doing in the classroom, like for instance crawling on the floor, acting like a little baby. I say to her "you're not a baby, you're grown-up now".

'Neil', Group 2B (T1).

Superficially, these comments may be seen as indicative of an authoritarian parenting style, defined as behaviour and attitudes that are highly demanding but low in warmth and responsiveness (Baumrind, 1971). Here, for example, Neil was admonishing his daughter to behave better in school but omitting to think about the emotional messages implicit in her actions. Indeed, it was noticeable that almost all the fathers who were rated as '4' for hostile and shaming approaches to discipline also rated as '4' for emotional unavailability. It points to the significance of how fathers were engaging with their children when they were *not* angry or frustrated with them. Indeed, overly harsh discipline practices might owe more to an unwillingness to assume everyday caring responsibilities than to the systematic pursuit of 'good behaviour' from their children. Moreover, a reluctance to acknowledge abusive behaviour towards partners and ex-partners, and its consequences for their fathering

role, might also lead men to emphasise stress factors such as housing and financial difficulties as reasons for their behaviour.

As suggested by Stan's comments above, fathers who spent a lot of time with their children might be inclined to recognise the dissonance between how they sometimes acted and how they saw themselves as fathers. This is a key aspect of the activities and programme material covered in Caring Dads, and some positive results were noted in this respect. Out of the 8 men rated at '4' in this category, half had moved to a '2' in the end of programme interview, while three men were rated at '3' and one was unchanged at '4'. A common theme of interviews at T2 was fathers wanting to communicate with and listen to their children rather than reprimand them and 'keep them in line'. For example, Neil, who was cited above, described how talking to one of the other fathers in the group had inspired him to start spending some one-to-one time with each child in turn:

'I started with five minutes now it's gone up to ten minutes but the first time I started I really didn't know what to do and I wasn't expecting anything from them but the expectations that came out of that was brilliant. Brilliant! The communication with my kids is much, much more effective than what it was before.'

'Neil', Group 2B (T2)

Neil's partner was also interviewed at the end of the programme, and she also spoke positively about changes in his approach to speaking to his children and managing their behaviour:

'Since going to Caring Dads he learnt like new techniques, new ways, well... he's changed his way anyway from how he used to discipline the kids, but obviously this, now he knows how to talk to them you know, get down to their level and actually understand them and he's got more patience, so yeah, it's, I think it's helped.'

Neil's partner, Group 2B (T2).

Similar changes were noted in the interview at T2 with Stan, who reflected on the importance of increasing his son's self-confidence and providing him with more stability in his family life. As a father, this not only led him to try and be 'a lot calmer' and 'more considerate' towards his son, but also to ask him about how it had felt to witness violent arguments between the adults responsible for his care, and to acknowledge the distress this had caused. In other words, the ability to change his parenting practices in one respect, such as becoming less 'detached' and more attuned and responsive to his child, was tied up with other problems including the need to disengage from an abusive and conflictual relationship.

In this respect, an interesting counter-example was provided by the one father who did not improve in this area, and whose comments on discipline even after the end of the programme continued to emphasise 'firmness' and obedience. Information from his children's social worker revealed that he was still engaged in arguments about contact with his ex-partner, including an incident when police were called to the home.

7.2.3 Developmentally inappropriate interactions

Ratings in this category range from '1' to indicate fathers whose 'expectations and rules are finely tuned to child's development', to '5' indicating fathers whose 'rules and expectations are clearly mismatched to child's development' (see Appendix 2a). For example, a father with a 'higher' rating in this category might lack knowledge of age-appropriate care-giving and disciplining practices and as a result, their interactions with their child could be counterproductive and harmful.

Interviews with fathers at T1 showed that some of their rules and expectations were a bit concerning, with an average rating of 3.1 for this category. In terms

of higher risk behaviour, five fathers had a rating of '4', and one '5'. Some instances of inappropriate interactions have already been explored above in relation to disciplining practices. Further to this, traditional gender roles and stereotypes sometimes influenced the fathers' understanding of their children's needs. For example, one father regularly took his eight year old son to work on a building site and considered this to be a bonding experience because of the typically masculine environment. Another father stated of his teenage daughter that 'I don't think she worries much about anything apart from her look'. Another described allowing his five year old to help with household chores such as cleaning and Hoovering, or leaving him and his younger sibling in the bedroom unsupervised. Some fathers commented that the programme helped them to have more age-appropriate expectations of their children:

'Well it's just his behaviour, shouting at him not to do something. When we learnt that a three year old doesn't have that understanding, that was a key one, or getting frustrated that he keeps on doing the same thing and then suddenly having the eureka moment where actually wait a minute, that's what three year olds do...'

'Nicholas', Group 5A (T2)

While some men realised they had been treating their young children as if they were older, the reverse was sometimes also true. For example, a couple of fathers from a traditional Asian background spoke about their struggle to come to terms with their daughters' transition to adolescence:

'The thing is when she go by the coach there is some boys and girls going together, you know, and culturally if they go with very close to the boys in this young age there's a problem, we feel the problem coming automatically, that's we want to stop those things.'

'Rahim', Group 1 (T1)

'I call her five times, she doesn't pick up, and then she needs me, give me a call and then I have to pick up, and then say, "Look, I'm not going to respond because you need to be the same, sorry...". Last time, she forgot the key and then, except, okay, "Leave the key behind the door. I come to collect, I come, basically, and open the door, I go inside", I said, "No, I will not do it, because I told you many times, and then, basically, she go to her granny's.'

'Amir', Group 5B (T1)

Of course, such generational and cultural tensions are common to many families. What made these interactions more worrying was that they were occurring in a volatile family context characterised by parental conflict, authoritarian discipline, and a history of domestic violence. In other words, it was not that fathers were being expected to change their expectations to those of an unfamiliar culture; rather that engaging in a dialogue with their elder children required them to negotiate rather than dictate their family relationships, especially in their roles as fathers and husbands. In this respect, both men appeared to benefit from the opportunities for reflection and discussion afforded by the group setting. They spoke in their interviews at the end of the programme about having more of an interest in communicating with their daughters and trying to understand their point of view:

'I am controlling myself, I am talking to my daughter, more close to my children, very friendly with them, that's the things I am doing because I learn from here I have to stay with them very friendly, that's the thing. Now my daughter is talking very much openly, she always calling and talking with me without a fight.'

'Rahim', Group 1 (T2)

'Basically I communicate with her, not basically, not treat as, you know, like a little child, you know. I communicate with her about anything, you know, even, you know, try to learn from her or to get something to understand.'

'Amir', Group 5B (T2)

What comes across in these comments is recognition of an alternative approach to the role of father to a teenage girl, which is distinguishable from the strict patriarchal attitudes expressed earlier. This is not to suggest that one has supplanted the other, nor that the desire to understand one's child better will necessarily translate into emotionally-attuned behaviour, especially in stressful or conflictual situations. In the case of Amir, there was encouraging feedback from his child's social worker, as well as the women's safety worker who contacted his wife, with both reporting that he had become more communicative with his wife and more involved in the care of his children. In contrast the social worker for Rahim's children was less convinced that he managed consistently to implement his good intentions, and restrictions in his contact with the family were still in place.

Overall, fathers at T2 were rated in this category at 2.4, which was 0.7 lower than at T1, indicating a small average shift towards more developmentally appropriate interactions with their children. Of the seven fathers who were rated at '4' or '5' at T1 (including Amir and Rahim above), four were rated at '3', three at '2' and one father remained unchanged at '4'.

7.2.4 Failure to recognise child's psychological boundary

Ratings in this category range from '1' to indicate fathers with a 'seemingly excellent appreciation of child's individuality and boundary', to '5' indicating fathers for whom 'parent-child boundaries seem seriously disordered' (see Appendix 2a). For example, a father with a 'higher' rating in this category might lack appreciation or respect for his child's individuality, use the child as a friend or confidant, or expect the child to fulfil his own ambitions.

In most of the interviews, there were few clear indicators that these fathers were using their children as friends or confidants, or that they lacked respect for their child's individuality. However, there were some concerns about

parent-child boundaries, as reflected in the overall average rating of 3.3 at T1. Some children seemed to have internalised their parent's disciplining practices, or were expected to pick up on their father's moods and apologise for their behaviour. One father with a young baby commented that he felt that the child had been providentially 'given' to him, and hoped that the child would turn out like his grandmother. Another father described how his child would pre-emptively head for the 'naughty step' even before being directed to do so! Another became reliant on his nine year old daughter to assist with caring for her younger siblings and even to monitor her mother's parenting while he was at work:

'Effectively when I was not at home she will tell me "Oh you know, my brother hasn't taken a bath" for example, so I think mum started looking at her, "Oh you're telling dad everything that is happening here, well he's not here, right?"'
'Goran', Group 3B (T1)

These new responsibilities had come about as a result of her mother's deteriorating mental health, but had consequences for the child's own emotional and psychological welfare. In the same interview, her father noted that his daughter was experiencing anxiety about her schoolwork but seemed unable to open up about her feelings:

'I think she has developed these attitudes of "Yeah, I'm fine, don't worry, you know, you have bigger problems". It's almost like you know when I say "How you doing?" "Yeah, I'm fine, you know", and if something doesn't go the way she wants she will react like "Well yeah, but you know you're too busy, probably you're dealing with other things"'
'Goran', Group 3B (T1)

This type of solicitous behaviour, which could be interpreted as mimicking parent-child or parent-parent interactions, was characteristic of fathers who were rated at '4' or '5' in this category. It was usually reported in response to a

question about whether children could tell what kind of mood their fathers were in. For example, a seven year old boy was said to ask his father how his day at work had been, or offer to rub his back. On their own, such descriptions were unremarkable, but assumed a different light in the context of parenting practices that were quite disciplinarian and lacking in emotional warmth. In such cases, the parents' needs were seen to assume precedence and override those of the child.

By the end of the programme, four of the six fathers rated at a '4' at T1 had come down to a '3' or '2' at T2, and two remained unchanged at '4'. One father who was rated at '5' had come down to a '2' by the end of the programme. This was Goran, who was cited above. Having taken the decision to separate from his wife, he was now trying to re-establish better parent-child boundaries with his daughter in the context of a more stable family life in which he was the main carer for all the children:

'Enjoy being a child, that's what I'm trying to tell her. "I'm sure that you are concerned about [younger brother] crying but let me deal with that, [he] is crying because he needs this or he's trying to tell me this, don't get too concerned every time that you see your siblings crying or tearing or whatever'
 'Goran', Group 3B (T2)

7.2.5 Undermining the child's mother

Ratings in this category range from '1' to indicate fathers who were 'very supportive of the mother-child relationship', to '5' indicating fathers who were 'clearly hostile towards child's mother and/or clearly undermine the mother-child relationship'. (see Appendix 2a). In general, fathers were asked to speak about the mother of the child they had chosen to focus on during the interview. In most cases, this was the biological mother but sometimes also included current partners who had a close maternal relationship with their step-child.

Overall ratings in this category were slightly higher than in the others, with an average of 3.4 across all the groups. This reflected a tendency in the initial interviews at T1 for fathers to express angry feelings towards the children's mother, usually justified by dissatisfaction with the amount of contact they had with the children, or with the mother's parenting abilities. Separated fathers would make little effort to avoid conveying this hostility to their children, and were consequently unable to help their children manage the conflicted feelings associated with family breakdown. For example, one father reported that his children were reluctant to talk to him about their contact sessions with their mother. Another was inclined to emphasise his own rules and expectations as superior to those of the mother, whom he castigated for neglecting his children's needs. Some fathers acknowledged that there had been too much parental conflict at home, but shied away from accepting responsibility for the effects on their children:

'I don't want her to ever allow a man to shout at her or be in her face getting all angry, that's unacceptable, go away, talk to me when you've calmed down is how I'd like her to more be. Rather than me and her mum have had arguing and shouting matches... so that's why I encourage her mum to be a bit harder on her.'

'Brandon', Group 1 (T1)

In this interview, the father is reflecting that he would not want his daughter to grow up thinking it was normal for a partner to behave aggressively and abusively towards her. It could be inferred that he has not always been a positive role model himself in this respect. However, he is reluctant to draw this conclusion, preferring instead to pass responsibility onto the mother – the idea being that if the mother were to become stricter with her daughter then he would not have to always act as an 'authority figure'. The key to this interpretation lies in the absence of emotionally-attuned parenting practices, so that family dynamics are viewed entirely through the prism of discipline and

routine. Indeed, almost all of the ten men who were rated at '4' in this category, and the one man rated at a '5', also had high ratings for emotional unresponsiveness.

Many of the fathers interviewed at the end of the programme seemed to show a greater understanding of the importance of supporting the mother as co-parent even in the context of disagreement and separation. This was reflected in a lower average score of '2.4' at T2 across all the groups. Fathers reported communicating more often with their partners about parenting issues, and taking steps to make sure that disagreements did not escalate into loud arguments. A few fathers who had taken over care of their children since being referred to the programme were cognisant of the benefits of continued contact now that they felt the children were safe. Others mentioned that they had spoken with their partners about the things they were learning on the programme, which then helped them to be more consistent in their approach to the children. In the case of Brandon, who was cited above, he and his partner had agreed to change some of their disciplinarian habits:

'The way that we would tell them off in the morning can set off their day for school, we don't want to put them in a bad mood so even if they're doing something in the morning that deserves a bit of discipline talk, try and take care and be very self-aware on how you are speaking, what things you may say because it's the beginning of the day, you don't want to set them off to a bad day and things like that.'

'Brandon', Group 1 (T2)

Implicit in these comments is an acknowledgment of his children's emotional needs, which was not as evident in the earlier interview, as well as a recognition that he and his partner were jointly responsible for meeting those needs. He also conveys a sense of the difficult balancing acts involved in being a parent, e.g. in wanting to set boundaries for children's behaviour but not at the cost of their self-esteem and happiness. A greater appreciation of

these types of dilemmas came across in many of the interviews at T2, in contrast to some of the rigid positions adopted at T1. For example, one father spoke about having to balance his wish for the children to have a positive idea of their mother with giving them a safe space to open up about their experiences. Another described his reluctance to accept the relationship with his ex-partner was at an end while realising this was the only way to ensure his daughter's welfare.

A cautionary note should be sounded about the way in which some fathers reported sharing their insights from the programme with their partners. As Scott (2010) notes from the experience of running Caring Dads in Canada, it is common for fathers to adopt a position on the sidelines of parent-child conflict and complain that their children do not listen to their mothers, occasionally intervening to 'lay down the law'. The programme encourages fathers to shift towards a more responsible and child-centred mode of parenting associated with a more active fathering role. However, there is a risk that fathers will use concepts from the programme to criticise mothers for not being child-centred and there were a few examples of this in the interviews.

7.3 Feedback from referrers

All 26 fathers who took part in face-to-face interviews also agreed for the researchers to speak to the professionals who had referred them to the group. In the majority of cases (21 out of 26) this was their children's social worker, based in local authority statutory services for children. In three cases, the father had been referred by their probation worker as part of the sentencing conditions for a community order. In two cases, the referrer was a specialist family practitioner working at a local authority children's centre. Interviews with referrers took place over the phone at the start of the programme (T1), end of the programme (T2) and six months post-programme (T3). For six months

post-programme (T3). Due to the turnover of social workers in statutory teams, as well as changes in care plan, the follow-up interview at T2 took place with a different practitioner from the referrer in 6 out of the 26 cases. The respective sample sizes are set out in Section 5.3.

Interviews with referrers focused on five main areas:

- Assessed risks to the child
- Concerns about the relationship between the father and the child
- Concerns about the relationship between the father and the child's mother (or with his partner if the latter had a significant relationship with the child)
- Additional factors affecting the welfare of the child and family, such as parental substance misuse, financial difficulties, or social isolation.
- Fathers' motivation for attending the programme, e.g. to become main carer for his children or extend contact with them.
- Agency decision-making, e.g. whether children were subject to a protection plan, or were receiving other forms of support and intervention.

During the interview, a questionnaire was completed and sent back to the referrer for verification, in order to summarise the information provided. The results were collated and are presented and discussed below.

7.3.1 Overall assessment of risk

A summary of findings on assessed risk is presented in Table 7.1 and further below in Figure 7.1. The responses here refer to the basic categories of abuse assessed by social workers and other professionals in relation to child protection cases. It shows that the most commonly assessed risk at the point of referral was that of emotional abuse, which was identified in all but two cases, followed by risk of physical abuse in just over half the sample. Neglect, which is the most common form of maltreatment in child welfare cases on the

whole, was only identified as a concern in a third of the referrals. There was one case of alleged sexual abuse, which turned out subsequently not to be substantiated. The pattern of assessed risk is congruent with the programme's dual focus on domestic abuse and fathering, and with the emphasis on emotionally responsive parenting and mother support identified in Section 7.2. Qualitative information from referrers also suggested that the risk of physical abuse was sometimes due to historical concerns about domestic violence, although current concerns were also prevalent as discussed further below.

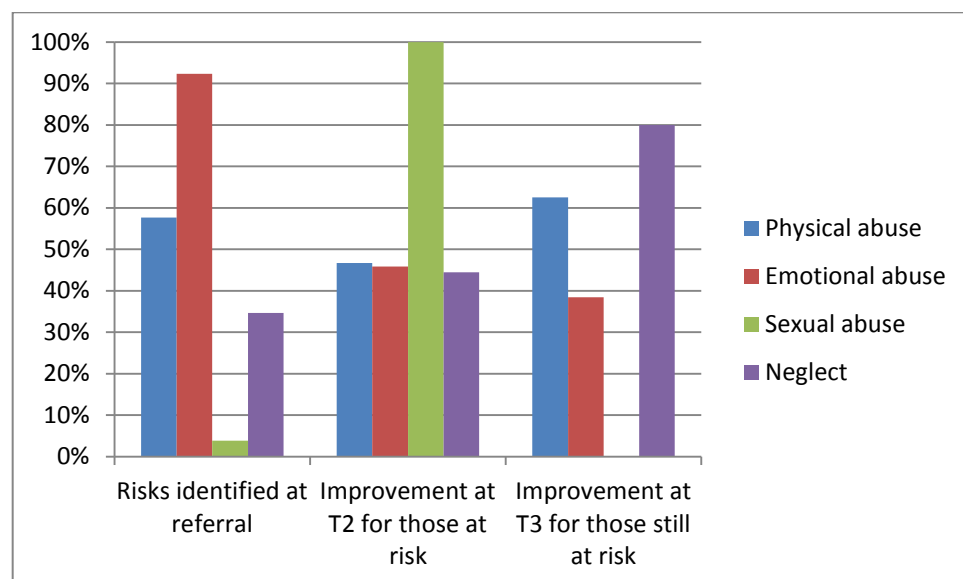
Table 8.1 Assessed risks to the child

<i>Assessed risks to the child</i>	<i>Assessment at referral (T1)</i>	<i>Assessment post-programme (T2)</i>	<i>Six months post-programme (T3)</i>
Physical abuse	15/26	Improved: 7/15 No change: 8/15	Improved: 5/8 No change: 3/8
Emotional abuse	24/26	Improved: 11/24 No change: 13/24	Improved: 5/13 No change: 8/13
Sexual abuse	1/26	Improved: 1/1	n/a
Neglect	9/26	Improved: 4/9 No change: 5/9	Improved: 4/5 No change: 1/5

Findings from interviews at the end of the programme show that progress at T2 was fairly even for the three main categories of identified risk, with the assessment remaining unchanged for just over half of all cases. It should be noted that the sample of referrers successfully followed up six months post-programme had effectively halved from the initial 26 cases, due partly to case closures and partly to the turnover of social workers making it harder to obtain consent for interviews. Nonetheless, it is likely that this smaller sample remains representative of the original sample, particularly in terms of cases that continued to pose problems at T2 and therefore remained open to services. The pattern of improvements from T1 to T3 is illustrated below in

Figure 7.1.

Figure 8.1 Assessed risks to the child



Encouragingly, progress continued to be made in cases where risks were still identified, with improvements at T3 being particularly apparent in relation to physical abuse and neglect. It was also rare to see deterioration in cases that had shown improvement at T2, as will be apparent in the findings explored below. However, emotional abuse continued to be identified as a problem in a significant number of cases even six months after the programme had finished.

7.3.2 Concerns about the relationship between father and child

A summary of findings on the relationship between father and child is presented in Table 7.2 and further below in Figure 7.2. The responses here refer to the concerns expressed by referrers about the father's approach to parenting and interactions with his children. It shows that the most common concerns at the point of referral were fathers not taking responsibility for their

children and lack of positive engagement and involvement with them, both of which were identified in over half of cases. It was interesting that these issues were more frequently identified than hostile or over-controlling parenting, and lack of emotional warmth, which were assessed in around a third of referrals. This finding relates back to the discussion of authoritarian discipline in Section 7.2.2, and of laxness in 7.1.1, suggesting again that fathers' problematic behaviour was linked more to an inconsistent role than to a role characterized by strictness and high expectations. Concerns about inappropriate personal and intimate boundaries were found in only three cases, and were mostly linked to the issues discussed already in Section 7.2.4.

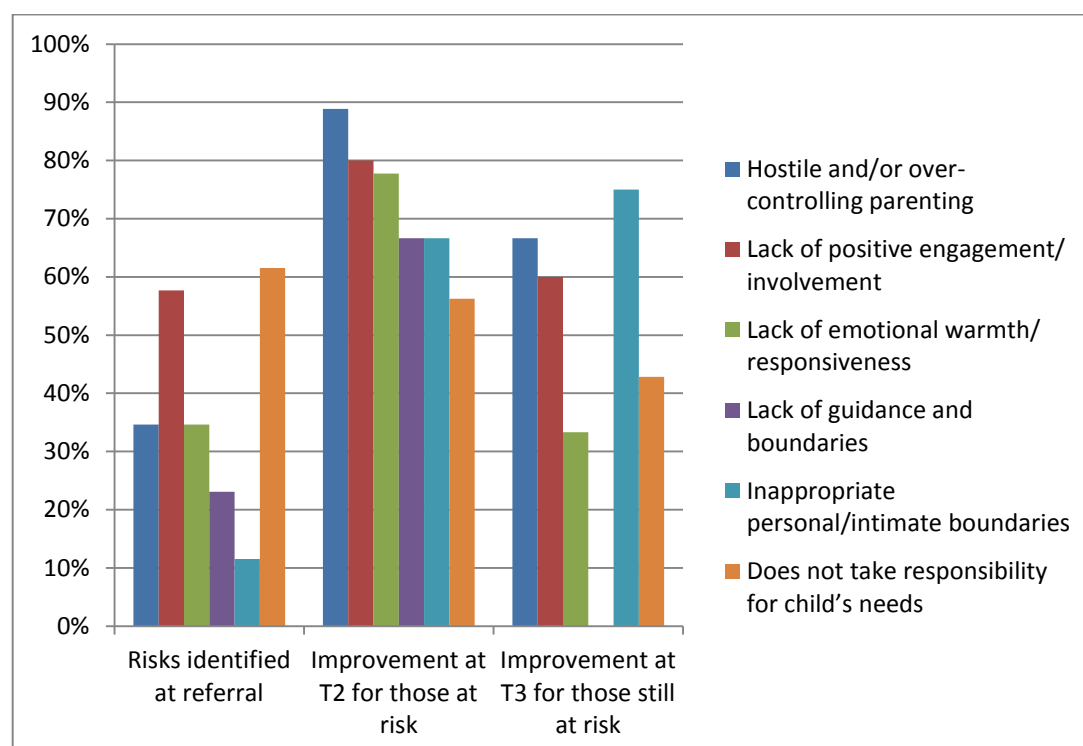
Table 7.2 Concerns about the relationship between father and child

<i>Concerns about relationship between father and child</i>	<i>Concerns at time of referral (T1)</i>	<i>Feedback after programme (T2)</i>	<i>Feedback after 6 months (T3)</i>
Hostile and/or over-controlling parenting	9/26	Improved: 8/9 No change: 1/9 Deteriorated: 0/9	Improved: 2/3 No change: 1/3 Deteriorated:
Lack of positive engagement/ involvement	15/26	Improved: 12/15 No change: 3/15 Deteriorated: 0/15	Improved: 3/5 No change: 0/5 Deteriorated: 2/5
Lack of emotional warmth/ responsiveness	9/26	Improved: 7/9 No change: 2/9 Deteriorated: 0/9	Improved: 1/3 No change: 1/3 Deteriorated: 1/3
Lack of guidance and boundaries	6/26	Improved: 4/6 No change: 2/6 Deteriorated: 0/6	Improved: 0/1 No change: 1/1 Deteriorated: 0/1
Inappropriate personal/intimate boundaries	3/26	Improved: 2/3 No change: 1/3 Deteriorated:	Improved: 1/1 No change: 0/1 Deteriorated: 0/1
Does not take	16/26	Improved: 9/16	Improved: 3/7

responsibility for child's needs		No change: 6/16 Deteriorated: 1/16	No change: 3/7 Deteriorated: 1/7
-------------------------------------	--	---------------------------------------	-------------------------------------

Findings from interviews at the end of the programme show that referrers reported a significant degree of progress at T2. Where there had been concerns about hostile/controlling parenting, an improvement had been noticed in all but one case by the end of the programme. Improvements in positive engagement and emotional responsiveness were also recorded in about 80% of cases. An interesting finding was that improvements in 'taking responsibility' lagged some way behind 'positive engagement', which reflects the broader context of parental responsibility. For example, some fathers received positive feedback about how they interacted with their children during contact sessions, but continued to struggle with other aspects of their fathering role, such as maintaining a constructive relationship with the child's mother. The pattern of improvements from T1 to T3 is illustrated below in Figure 7.2.

Figure 7.2 Concerns about the relationship between father and child



Findings at T3 show a continuation of the pattern of improvements at T2, albeit at a slightly lower level. Improvements were again reported in relation to hostile/controlling parenting, positive engagement and emotional responsiveness. However, improvements were not sustained in a minority of cases, with a few fathers reportedly becoming less involved, responsive and responsible. Interestingly, two of these were from the same group (Group 1). Qualitative information from their children's social workers indicated that after completing the Caring Dads programme the fathers had separated from the child's mother and moved away from the family home, and at the same time had stopped engaging with children's services.

7.3.3 Concerns about the relationship between father and child's mother

A summary of findings on the relationship between father and the child's mother is presented in Table 7.3 and further below in Figure 7.3. The responses here refer to the concerns expressed by referrers about domestic

abuse, parental conflict and father's support of the mother's parenting role. It shows that the most common concern at the point of referral was parental conflict, which was reported in almost all of the cases (23 out of 26). This did not necessarily equate to fathers perpetrating domestic violence, although in over half of the cases this was seen as a current risk. Undermining the mother's parenting was reported in almost half the cases, and historical concerns about domestic violence were also quite prevalent, often in connection with ex-partners. The findings confirm that abusive and conflict-ridden parental relationships were central to the problems being experienced by these families, alongside the concerns about parenting explored above.

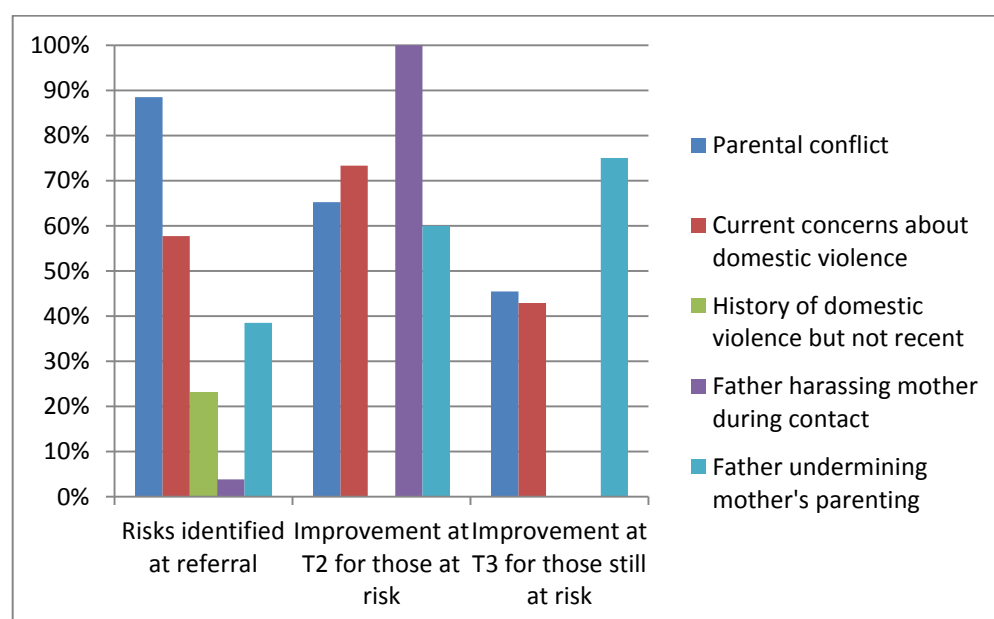
Table 7.3 Concerns about the relationship between father and child's mother

<i>Concerns about relationship between father and child's mother</i>	<i>Concerns at time of referral (T1)</i>	<i>Feedback after programme (T2)</i>	<i>Feedback after 6 months (T3)</i>
Parental conflict	23/26	Improved: 15/23 No change: 7/23 Deteriorated: 1/23	Improved: 5/11 No change: 5/11 Deteriorated: 1/11
Current concerns about domestic violence	15/26	Improved: 11/15 No change: 4/15 Deteriorated: 0/15	Improved: 3/7 No change: 4/7 Deteriorated: 0/7
History of domestic violence but not recent	6/26	Improved: n/a No change: 5/6 Deteriorated: 1/6	Improved: n/a No change: 1/2 Deteriorated: 1/2
Father harassing mother during contact	1/26	Improved: 1/1 No change: 0/1 Deteriorated: 0/1	Improved: No change: Deteriorated:
Father undermining mother's parenting	10/26	Improved: 6/10 No change: 4/10	Improved: 3/4 No change: 1/4

		Deteriorated: 0/10	Deteriorated: 0/4
--	--	--------------------	-------------------

Findings from interviews at the end of the programme show that most referrers thought some progress had been made in this area, although not quite as much as in the parenting dimension. Where there had been concerns about parental conflict, an improvement was noticed in 65% of cases by the end of the programme, and a slightly higher rate of change in cases of domestic abuse. Similar improvements were noted in father’s undermining of mother’s parenting. In the remaining cases, no change was reported in 30-40% of referrals and there were a few fathers whose behaviour deteriorated. This was due to disputes about contact, fathers turning up at ex-partners’ houses to see their children, and police being called to arguments in the street. This links to the comments on responsible parenting made in the previous section, which noted that some fathers found it easier to demonstrate appropriate interactions with their children than to apply a child-centred approach to other aspects of their fathering role. The pattern of improvements from T1 to T3 is illustrated below in Figure 7.2.

Figure 7.3 Concerns about the relationship between father and child’s mother



Findings at T3 again show a continuation of the pattern of improvements at T2 and provide some evidence of sustainability in the changes made during the programme. Progress was again reported in relation to concerns about parental conflict and domestic violence, as well as a significant improvement in ‘undermining’ behaviour in the feedback at T3. Qualitative information from their children’s social workers indicated that fathers who had become more supportive to their partners had also taken a more active role in everyday care and supervision of their children.

7.3.4 Other welfare concerns

A summary of findings on other welfare concerns is presented in Table 7.4 and further below in Figure 7.4. The responses here refer to both individual factors such as parental substance misuse, and environmental factors such as financial difficulties and social isolation. The most common concerns at referral, such as denial and minimization and children’s behavioural problems, were linked to the risk factors explored already in relation to domestic violence and abusive parenting. Paternal substance misuse was reported in around a third of the cases (9 out of 26) and maternal substance misuse in around a quarter (6 out of 26). About a quarter of the children were presenting with problems in school, such as disruptive behaviour as well as poor attendance and attainment. A significant number of families were experiencing additional pressures such as financial difficulties owing to unemployment and debt, housing problems and social isolation. The findings show that most of these families were dealing with multiple problems and stress factors, including environmental constraints that might make it harder to implement positive changes at home.

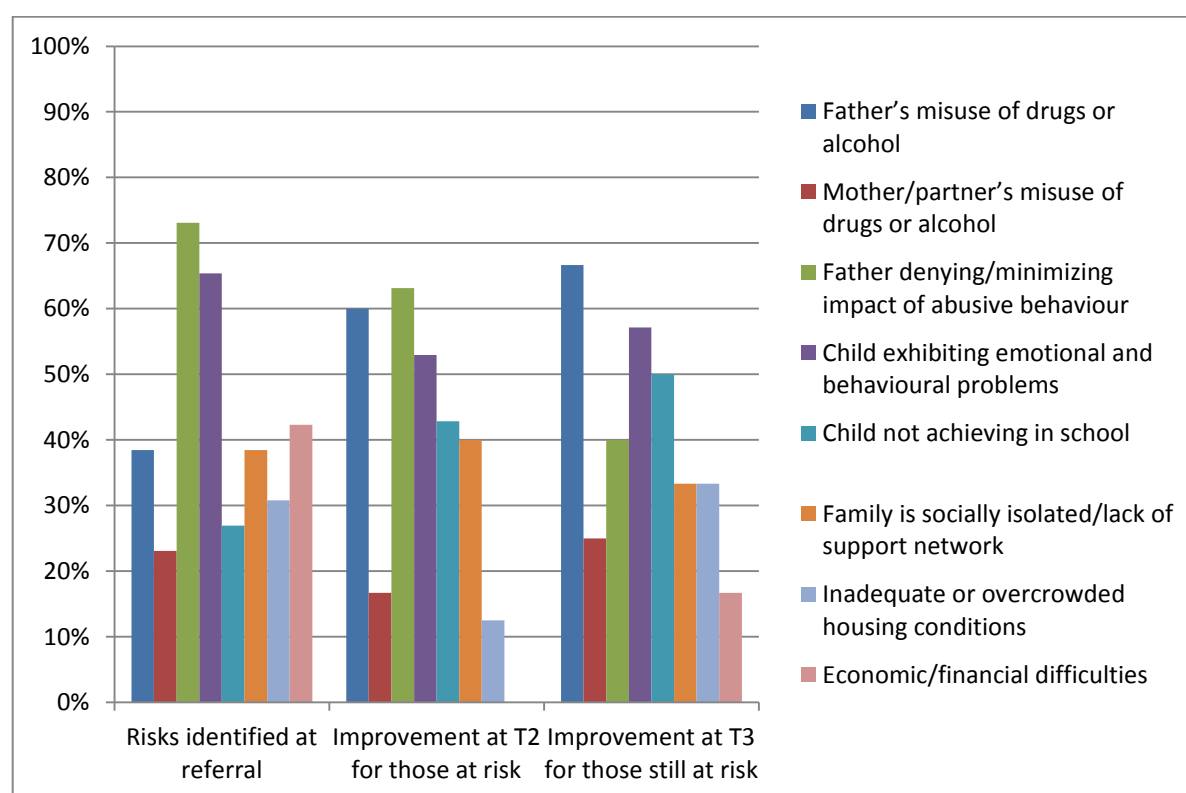
Table 7.4 Other welfare concerns

<i>Other welfare concerns</i>	<i>Concerns at time of referral (T1)</i>	<i>Feedback after programme (T2)</i>	<i>Feedback after 6 months (T3)</i>
Father's misuse of drugs or alcohol	9/26	Improved: 6/9 No change: 3/9 Deteriorated: 0/9	Improved: 2/3 No change: 1/3 Deteriorated: 0/3
Mother/partner's misuse of drugs or alcohol	6/26	Improved: 1/6 No change: 4/6 Deteriorated: 1/6	Improved: 1/4 No change: 3/4 Deteriorated: 0/4
Father denying/minimizing impact of abusive behaviour	19/26	Improved: 12/19 No change: 6/19 Deteriorated: 1/19	Improved: 3/6 No change: 3/6 Deteriorated: 0/6
Child exhibiting emotional and behavioural problems	17/26	Improved: 9/17 No change: 7/17 Deteriorated: 1/17	Improved: 4/7 No change: 3/7 Deteriorated: 0/7
Child not achieving in school	7/26	Improved: 3/7 No change: 1/7 Deteriorated: 3/7	Improved: 1/2 No change: 1/2 Deteriorated:
Family is socially isolated/lack of support network	10/26	Improved: 4/10 No change: 6/10 Deteriorated: 0/10	Improved: 1/3 No change: 2/3 Deteriorated: 0/3
Inadequate or overcrowded housing conditions	8/26	Improved: 1/8 No change: 7/8 Deteriorated: 0/8	Improved: 1/3 No change: 2/3 Deteriorated: 0/3
Economic/financial difficulties	11/26	Improved: 0/11 No change: 10/11 Deteriorated: 0/11	Improved: 1/6 No change: 5/6 Deteriorated: 0/6

Findings from interviews at the end of the programme show that most referrers thought progress had been made in some of the individual concerns, although not surprisingly the environmental issues were less likely to have

changed. Where there had been concerns about father's substance misuse, an improvement was noticed in two thirds of cases by the end of the programme. In some cases, this appeared to reflect changes that had perhaps already happened and which involvement in the programme had helped fathers to confirm. Conversely, mothers' substance misuse did not improve as much, and this reflected the number of cases in which fathers were being considered as alternative full-time carers for children who could not remain in their mother's care. In three cases, child's presentation in school had reportedly deteriorated by the end of the programme. Qualitative information from social workers indicated that this may have been connected to ongoing parental conflict and (in one case) the parents' inability to manage their son's learning disability. The pattern of improvements from T1 to T3 is illustrated below in Figure 7.2.

Figure 7.4 Other welfare concerns



Findings at T3 show that some fathers who had remained unchanged at T2 were then able to make improvements after the programme had finished.

Improvements were again reported in relation to paternal substance misuse, as well as denial and minimization. There were some encouraging signs that families had taken steps to alleviate other pressures such as financial problems and were less isolated than before. Furthermore, cases in which there were sustained improvements in family life also began to see an effect in children's presentation and behaviour, including at school. Maternal substance misuse tended not to have improved in those cases where children had moved to their father's care.

7.3.5 Agency involvement and decision-making

A summary of findings on agency involvement and decision-making is presented in Table 7.5 and further below in Figure 7.5. The responses here refer to the level of statutory involvement with the families concerned. In the majority of cases at the point of referral the children were already subject to child protection plans, linked to the risk factors explored in the previous sections. Just under a quarter of cases had entered the stage of pre-proceedings set out in the public law outline (PLO) or were already in care proceedings. A small minority of cases were subject to child in need (CIN) plans, in which the role of the statutory agency is to coordinate professional support with the consent of the family. CIN plans may be the only form of involvement with a family, or they may mark a transition to and from child protection plans as the level of risk is deemed to increase or decrease (see below). There was a small number of looked after children, who had mostly been accommodated under interim care orders as part of court proceedings. Finally, there were two referrals that had come via private family proceedings, i.e. the local authority had been asked to undertake a welfare report under Section 17 of the 1989 Children Act.

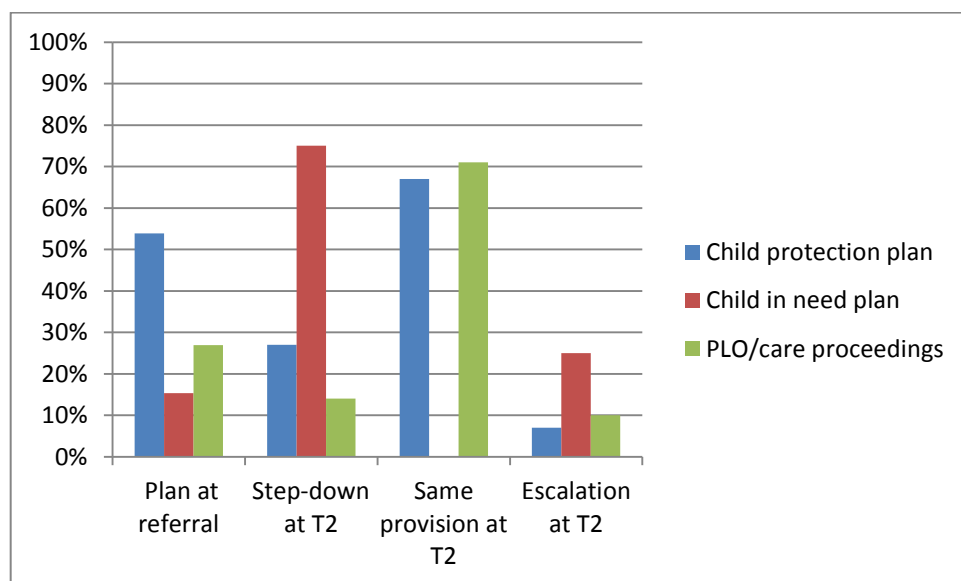
Figure 7.5. Agency involvement and decision-making

Agency involvement	At time of referral (T1)	After programme (T2)	6 months post-programme (T3)
Child protection plan	15/26	Stepped down from CP plan to CIN: 4/15 No change CP plan: 10/15 Escalated to PLO/Care proceedings: 1/15	Stepped down from CP plan to CIN: 0/6 No change CP plan: 6/6 Escalated to PLO/Care proceedings: 0/6
Child in Need plan	4/26	Closed to statutory services: 3/4 No change CIN: 0/4 Escalated from CIN to CP: 1/4	Closed to statutory services: No change CIN: Escalated from CIN to CP:
PLO/care proceedings	7/26	Stepped down from PLO/Care proceedings: 1/7 Still in PLO/proceedings: 5/7 Care/supervision order made: 1/7	Stepped down from PLO/Care proceedings: 1/3 Still in PLO/proceedings: 2/3 Care/supervision order made: 0/3
Looked after child	4/26	Children still looked after: 2/4 Children now in father's care: 2/4	Children still looked after: 2/4 Children now in father's care: 2/4
Private family proceedings	2/26	Private proceedings but no statutory plan: 1/2 Private proceedings and child on CP plan: 1/2	Private proceedings: 0/2

Most of the referrals were therefore at the 'higher' end of the spectrum of statutory involvement, including a minority of children who were at risk of

being permanently accommodated into public care. Findings from interviews at the end of the programme showed that most children who had been on child protection plans were still on them, which is perhaps not surprising given the six-monthly intervals between case conferences after the initial review. Nonetheless, around a quarter were considered to be making good enough progress to be stepped down to CIN at the last CP conference. One child protection case had been escalated to the pre-proceedings stage due to the risk of significant harm from emotional and physical abuse. In contrast, none of the CIN cases were still at this stage of involvement, with three out of the four CIN cases having been closed (two while the programme was still underway) and one having been escalated to child protection. Two of the children who had been looked after on referral had moved to their father's care by the end of the programme, which was seen as a very successful outcome for them. Meanwhile one of the referrals from the family court had become a child protection case and the other had been closed to statutory services.

Figure 7.5 Agency involvement and decision-making



Information received about cases six months post-programme (T3) confirmed

that for cases still on child protection plans at T2 there had been limited success at moving these on despite some of the progress made by the fathers. However, none of the CP cases reviewed had escalated to proceedings either. One case had stepped down from pre-proceedings to child protection plan, which partly reflected the father's efforts to stay abstinent from alcohol and address aspects of his parenting. Overall, however, it was apparent that child protection plans are made with families experiencing multiple problems who perhaps need longer term support and intervention. Any changes made the fathers were therefore not sufficient in themselves to resolve the risks to their child's welfare.

7.3.6 Fathers' reasons for attending the programme

Referrers also recognised that fathers had their own reasons for agreeing to attend the programme, even when attendance had been made part of a statutory child protection plan or pre-proceedings framework. The two most common reasons described by referrers were the wish to obtain or extend contact, and for the child to live with the father. Sometimes referrers also considered that fathers were motivated to address the concerns about their parenting and abusive behaviour towards their partners/ex-partners. However, it was hard to distinguish here between 'intrinsic' and 'extrinsic' motivation (e.g. fathers accepting some of the concerns but also wanting social workers to close the case), and subsequently whether these aims had in fact been achieved. The findings presented in Table 7.6 therefore refer only to those cases in which fathers had a clear objective of seeking to have more contact with or become main carer for their children. Perhaps surprisingly, the former turned out to be much more prevalent than the latter. Just under a half of referrals, including those already in pre-proceedings or care proceedings, featured fathers who wanted to assume care of their children due to the level of concern about the mother's parenting. There were only four cases in which more contact was the main objective for fathers living separately from their children.

Table 7.6. Fathers' reasons for attending the programme

Father's reasons for attending programme	<i>At time of referral (T1)</i>	<i>After programme (T2)</i>	<i>6 months post-programme (T3)</i>
Become main carer for their child	11/26	Achieved: 6/11 Not achieved: 5/11	Achieved: 2/3 Not achieved: 1/3
Obtaining or extending contact with child	4/26	Achieved: 1/4 Not achieved: 3/4	Achieved: 0/1 Not achieved: 1/1

Feedback from referrers indicated that over half of the fathers seeking 'custody' had their children living with them at the end of the programme (T2), and an additional two fathers had the same outcome six months later. Given that referrers had expressed concerns about the suitability of these fathers at the point of referral, this achievement reflects the confidence subsequently vested in them by professionals, and in some cases the courts. Among the small sample of fathers seeking primarily to extend their contact with their children, there was limited success with only one out of four men achieving their goal. Qualitative information from referrers indicated that the unsuccessful outcomes were due partly to continuing problems with domestic abuse and harassment of the mother, and also to a reluctance to engage with supervised contact arrangements.

8 Discussion of findings

8.1 Systems analysis

An essential part of the theory underlying Caring Dads is the emphasis on collaborative casework and an understanding of the safeguarding system in which the programme is located:

‘Caring Dads is premised on the view that safeguarding children goes well beyond offering an intervention program to fathers. If child safety is our primary goal, then it is necessary to expand conceptualization beyond the individual change required of fathers in treatment and to consider how children are protected (or not protected) from potential repeat maltreatment by their fathers by the larger intervention system.’

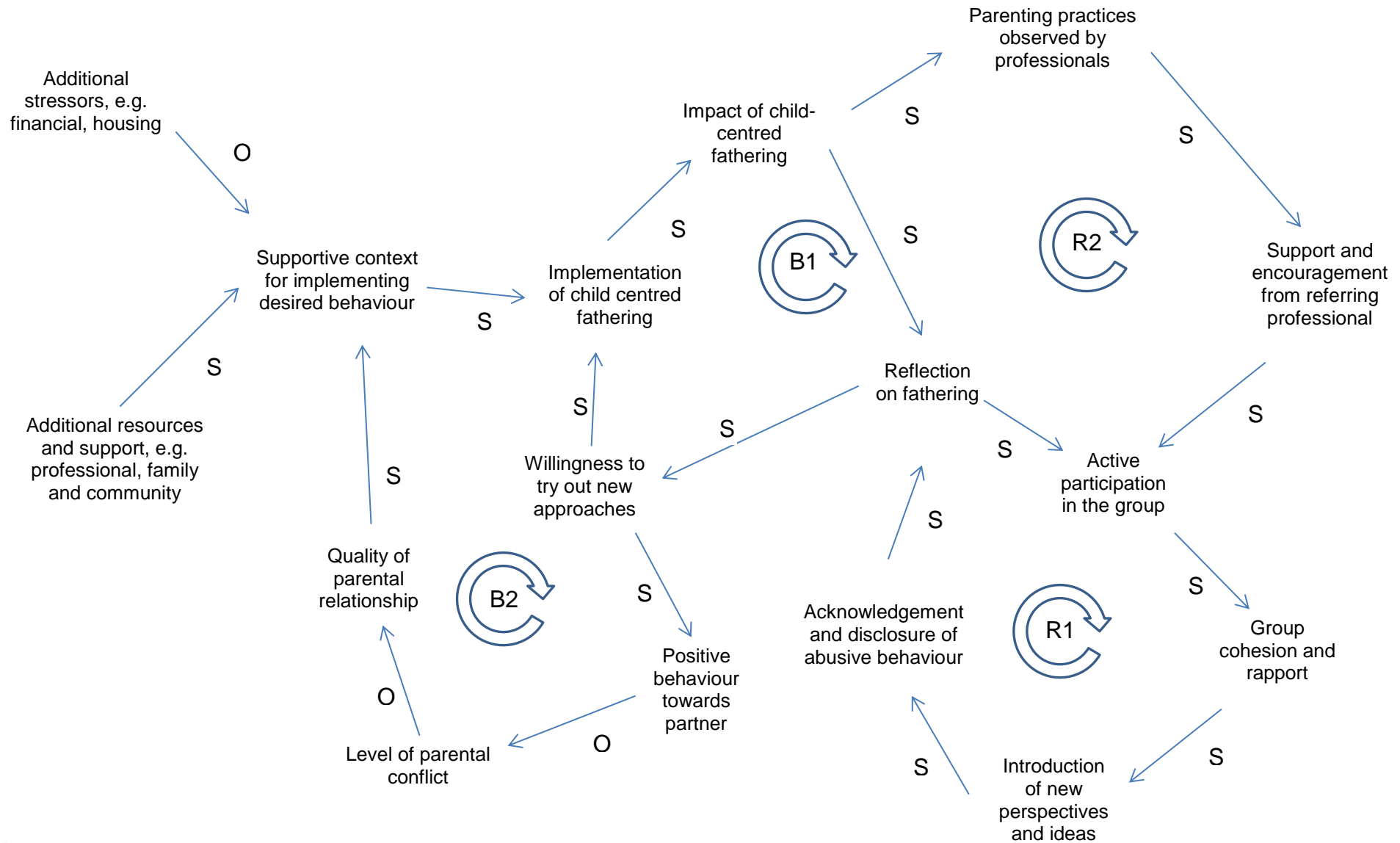
Scott (2010): 7

Like any other social intervention, the programme is part of a complex ecology of relationships, interventions and events. Outcomes are not just about cognitive or behavioural changes observed in participants, but also about how individual changes influence and interact with the complex environment of people’s lives. The programme’s effectiveness, i.e. *whether* it works, depends to a large extent on the contextual factors that influence those outcomes, i.e. *how* it works, for *whom* and in what *circumstances* (Pawson and Tilley, 1997). In what follows, interpretation of the findings will therefore look at Caring Dads as part of the wider safeguarding system, in order to explore the causal mechanisms that seem to shape change and promote or hinder effectiveness in particular cases.

One way of undertaking a systems analysis is to construct ‘causal loop diagrams’ (CLDs), which derive from organisational theory (Argyris and Schon, 1978) and were used by Munro (2010) in her analysis of the child protection system. CLDs illustrate the variables that affect change in a particular system and convey ideas about how these variables behave in relation to each other (Munro, 2010: 47). The hypothesised links are qualitative rather than quantitative in nature, i.e. there is no way of measuring the extent of change or mutual influence. Figure 8.1 illustrates what has been called the ‘fathering system’ using CLDs. Essentially, the diagram draws on the findings to summarise the mechanisms of change affected by participation in Caring Dads in these particular groups. The diagram shows four interconnected feedback loops:

- Father-child relationship (B1) - the father's parenting practices and their effect on the relationship between child and father and the child's presentation and behaviour.

Figure 8.2 The fathering system: analysis of a Caring Dads programme using causal feedback loops



Key

S: increase in first variable leads to increase in second
 O: increase in first variable leads to decrease in second
 B: 'balancing' feedback loop – in isolation variables will equilibrate
 R: 'reinforcing' feedback loop – in isolation variables will reinforce each

B1: Father-child relationship
 B2: Co-parenting relationship
 R1: Group process
 R2: Safeguarding process

- Co-parenting relationship (B2) – elements of the father's behaviour towards the child's mother, the level of parental conflict, and its effect on the context in which fathering occurs
- Group process (R1) – the interaction of various factors in the group that enable fathers to reflect on their parenting practices, become open to new ideas, and acknowledge abusive (or parent-centred) aspects of their behaviour
- Safeguarding process (R2) – how changes initiated through Caring Dads are incorporated into other professional interventions, primarily around child safeguarding

What is referred to here as the father-child relationship and the co-parenting relationship might be regarded as the overall 'target system' of the intervention (Pincus and Minahan, 1973). In the terms of CDLs they are 'balancing' loops because in isolation (i.e. left to themselves) the behaviour of variables tends to balance out and settle into an equilibrium. This is a typical challenge for interventions that seek to disrupt and introduce change to 'stuck' or fixed patterns of behaviour (e.g. in families). The other two processes, relating to the Caring Dads group and professional-client interactions, are related to the 'change agent system' (Pincus and Minahan, 1973) constituting the agencies and services involved with families and individuals. These process are termed 'reinforcing' loops because they are designed to set up a virtuous circle of learning and new behaviour, so that a shift towards more child-centred parenting is encouraged and developed through regular observation and feedback.

Of course there are many other feedback loops and variables that could be added to what is already quite a complex diagram. For example, an important part of the 'reinforcement' pattern for families could be the achievement of goals around contact or custody, or the 'de-escalation' of child protection services with the associated surveillance and bureaucracy. For separated as well as cohabiting parents, the adoption of child-centred parenting practices by the father might well be a significant factor in improving the parental

relationship. The manifestation of additional stressors in the family's environment may be linked to the family's behaviour in ways that overwhelm the ability of the change agent system to change that behaviour. As it is, the analysis enables a discussion of outcomes from the Caring Dads programme through its principal mechanisms of change.

8.2 Group process

Overall, the findings suggested five key elements in the group process: active participation, cohesion and rapport, introduction of new ideas, acknowledgement and disclosure, and reflection on fathering. These elements are linked closely to the aims and theory behind the programme.

8.2.1 Active participation in the group

The notion of active participation is linked to the motivational approach that informs Caring Dads (Scott, 2010; Miller and Rollnick, 2002). This is not to say that participants needed to feel positive about their referral; indeed it was noticeable how many fathers said at the end of the programme that they had changed their minds about being there (see Section 6.4). To an extent these groups were self-selecting, as reflected in the attrition rate from referral to attendance, and subsequently the drop-off in participation after the first three sessions (Section 6.1). In other words, fathers who were reluctant to engage with the programme were generally able to 'vote with their feet', leaving a 'core' of fathers who came consistently to every (or nearly every) session and completed the programme together. (Section 6.2.1) In turn, this provided men with the benefit of a small, stable group of peers with whom they could share ideas and experiences. As observed in the facilitators' feedback (see Section 6.2.1) there was a risk that fathers might seek to separate their parenting role from their behaviour and attitude towards partners and ex-partners, or to go through the motions of attending without really engaging with the material. In other words, participation may be a vital first step towards group formation but

active participation required men who were willing to engage with the more challenging aspects of the programme. It is therefore worth considering whether a certain rate of attrition might actually be inevitable or even desirable in order to produce a core group of fathers willing to participate actively and go beyond merely contemplating change. On the other hand, a high attrition rate could be seen as inefficient given the allocation of resources to screening and administration.

8.2.2 Group cohesion and rapport

Caring Dads provides the opportunity to bring fathers together to learn with and from each other, and in doing so creates a space in which to promote child-centred parenting to those who might otherwise not engage with professional services. It would seem that building group cohesion and rapport is a fundamental part of such an intervention, and this was certainly backed up by feedback from facilitators and fathers (Sections 6.2 and 6.4). Groups did not cohere automatically but did so through skilled facilitation; for example, facilitators would ensure that everyone got a chance to speak, and adapt activities to the material being shared by participants. Facilitators also had to strike a balance between allowing men to assume ownership of ‘their group’ while making sure they did not veer away from the purpose of the programme or lapse into partner-blaming and other counter-productive discussions (Section 6.2.1). In other words, cohesion and rapport was not an aim in itself, but served the purpose of opening up a dialogue for new ideas and perspectives. In time, the group’s cohesion could become both a source and a consequence of men’s participation in the programme. Again, these connections are illustrated in Figure 8.1.

8.2.3 Introduction of new ideas and perspectives

Engaging fathers in the group process aimed to open them up to new ideas and perspectives. One of these ideas was the distinction between ‘child-centred’ and ‘parent-centred’ fathering:

‘Men are continually encouraged to consider parenting choices along a continuum of meeting parent needs or child needs and are encouraged to rebalance their behaviours and priorities so that they are better able to meet children’s needs’

Scott (2010): 18

This activity helped fathers to understand not only the benefits of consistent and emotionally attuned parenting but also the harmful effects of abusive and neglectful parenting. There was some evidence in the interviews with fathers that these ideas had been taken on board, particularly when it came to child-parent interactions and the benefits of a more responsive and communicative approach (see Section 7.2.2). There seemed to be more of an understanding by the end of the programme that fathers should not undermine their children’s relationship with their mother, e.g. by criticising her or encouraging/tolerating bad behaviour (Section 7.2.5). In a few cases the qualitative information from referrers indicated a more profound shift in fathers’ attitudes towards their past abusive behaviour and attitudes towards the children’s mother. However, evidence of attitudinal shifts was not backed up by the quantitative findings from validated measures (Section 7.1).

8.2.4 Acknowledgement of abusive behaviour

Along with the child-centred/parent-centred continuum, one of the main differences between Caring Dads and empirically supported parenting programmes is the emphasis on ‘building discrepancy’ between fathers’ wishes and goals for their relationship with their children and the actual consequences of their actions. This includes the impact of domestic abuse of partners and ex-partners. Evidence from the findings suggests that this is a

problematic part of the group process, particularly around the issue of domestic violence. Not surprisingly, fathers were reluctant to disclose any abusive behaviour in the group, and it generally took some time before they were comfortable to disagree with each other about their parenting practices. Indeed, facilitators reported some very valuable discussions when this did happen. At the same time, there was ambivalence on the part of some facilitators about 'challenging' fathers about their entrenched views and attitudes towards their partners and ex-partners (see Section 6.2.1), and it is hard to see a more confrontational approach fitting in with the programme's motivational underpinnings. What seems likely is that addressing abusive behaviour would require more in the way of one-to-one work. The theory manual does indicate that later sessions are geared towards 'individualized cognitive-behavioural analysis of men's unhealthy, abusive and neglectful behaviours' (Scott, 2010: 25). However, other than 'catch-ups' for fathers missing sessions there was only scope for one formal meeting between facilitators and fathers, and in two of the groups these were curtailed to make room for the group work material. This issue will be returned to later in the discussion of professional networks.

8.2.5 Reflection on father-child relationship

One of the facilitators described Caring Dads as essentially 'a reflective group', and this neatly summarises the centrality of reflection to the group process and indeed to the role of the programme in creating change within families. Both during and outside of the sessions, fathers were being invited and encouraged to reflect on the choices available to them as parents, on the discrepancy between their ideals and the consequences of their behaviour, and on how their feelings and thoughts affected their actions. It is perhaps easy for practitioners who are trained in group work and familiar with reflective practice to forget how difficult it can be to understand and engage with such activities. As such it is encouraging that there was so much evidence of reflection in the feedback from fathers, facilitators and referrers. It could be

argued from that fathers who complete the programme are likely at the very least to have reflected on their fathering and to have shifted from a 'pre-contemplative' to a 'contemplative' stage of change (Prochaska & DiClemente, 1982). The question is whether fathers then move to the next stage, i.e. become determined to change their fathering approach and take appropriate action. This broadens the causal chain beyond the group process itself to encompass the wider spheres of activity in which fathering (and safeguarding) takes place

8.3 *Father-child relationship*

Like most interventions in this field, Caring Dads works 'at a remove' in facilitating cognitive and motivational shifts that are designed to influence behaviour in the family context. The translation of reflective learning into actual changes in parenting practices was therefore a key issue for outcomes. It is difficult to conclude from the findings that fathers who were encouraged to reflect on their fathering generally became 'determined' to change what they were doing. However, there was certainly evidence of a *willingness* to try out new approaches, particularly around communicating and listening to children (Section 7.2.1), which stemmed from what they were learning in the group. There were many examples of fathers trying to implement new strategies, for example by spending more one-to-one time with their child, or trying not to send them to school with a scolding (Section 7.2.5). In this respect, a crucial question was whether the family context was itself conducive to sustained change. For example, fathers who were not seeing their children at all, or under very restricted circumstances, naturally found it hard to apply what they were learning or to see a positive result from their actions (Section 6.2.1). Contextual factors, such as overcrowding, financial pressures and social isolation, could hinder the initial change taking hold. The findings also suggested that partners played a vital part in reinforcing strengths and improvements, however minor or sporadic, as well as in highlighting problems (Section 6.5).

What happened as a result of these efforts was often highlighted by the fathers, as well as by social workers, particularly if they were communicating in a more appropriate way with their children and understanding their developmental needs better. A potential ambiguity here is whether fathers felt they were acquiring new methods of controlling their children's (and indeed partner's) behaviour, or whether they were achieving a more rewarding and responsible fathering role. Where fathers found that a more supportive and responsive mode of parenting actually yielded tangible benefits in terms of their family relationships, it was possible to envisage a virtuous circle that could lead to sustained improvements in the quality of family life. On the other hand, fathers who merely adopted a new vocabulary in their dealings with professionals, or in their complaints about the mother's parenting (see Section 7.2.5) seemed unlikely to make progress, and this seemed to be especially the case in fathers who were engaged in a tussle around contact with ex-partners (Section 7.3.6). Indeed it was hard to see how fathers who continued to harass and abuse their children's mothers could be in a supportive context for child-centred parenting, even if their one-to-one interactions with children were relatively unproblematic. The nature of the co-parenting relationship was therefore critical, as will be discussed below.

8.4 Co-parenting relationship

The Caring Dads programme is designed to encourage fathers to reflect on the impact on their children of being exposed to verbal and physical abuse directed at their mother. As with the impact on fathering, the approach relies on cognitive and motivational shifts feeding through into changes in behaviour at home. This includes behaviour likely to undermine the child's relationship with their mother, such as criticising her or encouraging lack of respect for boundaries. Changes in this respect were evident for some of the fathers, as explored earlier. There was little evidence that Caring Dads could shift entrenched abusive attitudes or behaviour, and this could perhaps not be

expected of a motivational intervention that was explicitly not designed for 'perpetrators'. The main contribution of Caring Dads lay in its ability to engage fathers in the process of understanding their children's emotional and psychological needs, including for safety and stability in their parents' relationship. More open to question was whether this reflection led fathers to take greater responsibility for meeting those needs.

The complexity of this issue was illustrated by cases where fathers were assuming care of their children in the context not only of problematic maternal care but also of historic concerns about domestic abuse and parental conflict. In such cases, social workers were worried about how the fathers would manage their children's mixed feelings about change and separation, and whether they would be able to negotiate difficulties around contact and shared care. Handling such issues would require cooperation and empathy, rather than an attitude of vindication. Fathers who believed they had 'won' and were now entitled to do as they pleased would be ill-placed to support their children through such a difficult transition. Social workers therefore wanted to assess whether fathers were prepared to help their children to maintain a relationship with the mother while ensuring that arrangements were safe. In this respect, it was reassuring that a good proportion of such cases seemed to have positive outcome (see Section 7.3.5)

The systems analysis presented here would suggest that the quality of the co-parenting relationship and that of the father-child relationship are interdependent outcomes. The corollary is that fathers who continued to have very antagonistic or abusive relationships with the children's mothers were unlikely to progress very far in with changes to their own parenting practices, or in meeting their children's emotional needs. This does present a problem where fathers have sporadic or minimal contact with their children, and there was little evidence that Caring Dads is effective in such cases (Section 6.2.2 and Section 7.3.5). It should also be borne in mind that the high proportion of child protection cases in referrals to the programme (see Section 7.3) will

often mean that there are concerns about the mother's parenting as well as the father's. Achieving a consistent change to how children are parented will require more than a referral of both parents to the same or similar parenting programmes. Practitioners and facilitators alike need to be mindful of how parents are negotiating changes to how they bring up their children and that fathers are taking responsibility for their own choices rather than trying to criticise and control the behaviour of their partners.

8.5 Safeguarding process

Findings from the evaluation highlighted the importance of situating Caring Dads within the broader multi-agency safeguarding process. The preponderance of fathers whose children were subject to child protection plans meant that there was a high level of social work involvement with the partner and family. However, communication between facilitators and referrers was inconsistent, with facilitators sometimes unsure whether even their weekly reports were being read (Section 6.3). This was partly down to differences in social workers' practice but other factors also seemed to play a part. In cases where fathers were being considered as alternative carers for their children, social workers seemed more likely to take a keen interest in their progress on the group. On the other hand, social worker contact was much less likely in cases where fathers had only minimal contact with their children or where the plan was to step down from CIN. In a small minority of cases, social workers had not even met once with the fathers while they were on the programme.

The importance of social work involvement centred around the observation and reinforcement of positive parenting practices, obtaining feedback from mothers and children, and information sharing around concerns, critical incidents and care planning. In a minority of cases, facilitators effectively

became part of the team around the child (TAC) for the duration of the programme, liaising regularly with referrers and exchanging feedback about the men's participation on the programme and what was happening at home. However, this was the exception rather than the rule, and it sometimes seemed that referrers lacked clear objectives for the father's participation in the programme and therefore evinced little interest in finding out whether fathers were achieving them. Differences in communication also reflected variations in how the programme fitted into the safeguarding process. For example, in child protection cases it was not uncommon to see weekly and end-of-programme reports contributing to court proceedings, child and family assessments, and case conferences. In contrast, Caring Dads seemed to be used almost as a 'step-down' mechanism in children in need cases (CIN), most of which were either closed or on the verge of being closed by the end of the programme (Section 7.3.5).

The findings suggest that the programme may add most value when fathers are already an integral part of safeguarding and/or care planning at the point the referral is made. In such cases, participating in Caring Dads can reinforce the inclusion of fathers in the provision of services to their children, and sometimes to establish a better working relationship with social workers. In cases where fathers occupy a more transient or peripheral position in the family's life, or at least in the social worker's perception of the family's life, referral to the programme is less likely to be accompanied by the necessary monitoring and feedback that will encourage and embed positive changes.

9 Conclusions

This evaluation has explored the process and outcomes of running eight Caring Dads groups in five inner city sites over an eighteen month period. In terms of process, the findings provide an insight into how the programme contributed to services for vulnerable children and families in these areas. In one sense, the obvious contribution is that Caring Dads attempts to tackle a

perennial problem in the field of child safeguarding, i.e. how to work with fathers who are abusive towards their partners and children. A key challenge is to identify which fathers the programme is best able to help, and which contextual factors are influential in producing sustainable change, so that interventions can be better targeted. Unfortunately, the corollary of engaging an under-served client group seems to be a somewhat indiscriminate approach to referrals, with the consequence of high attrition rates from screening to attendance. Even among programme completers, there was a wide range of family circumstances, from men who seldom saw their children to those who were their sole carers. Similarly the assessed risks around domestic violence and abusive parenting varied greatly among referring professionals, and were further complicated by additional welfare concerns.

Participants in these groups represented much of the complexity of child protection work. However, such a high variety of demand is likely to be challenging for a group intervention with a manual-based format and limited scope for one-to-one work. Findings pointed to the importance of facilitation skills and the need for some flexibility in delivery, and also showed that groups tended to whittle themselves down to a self-selecting 'core' of fathers. The motivational approach of the programme was generally effective in engaging fathers and getting them to think about the impact of their actions on their children. What was not always apparent was how these reflections were being translated into action, and how parent-child interactions and co-parenting relationships were being negotiated at home. Ascertaining and encouraging processes 'outside' of the group would require more in the way of interprofessional communication and collaboration, and a more systematic approach to partner contact in the majority of sites.

The findings on process go some way to explaining the mixed picture on outcomes from this evaluation. Analysis of standardised measures was hindered by a small sample of paired pre- and post- measures and poor internal consistency of data, and were not able to show any significant

changes in father involvement, parenting alliance, parenting scales, or children's strengths and difficulties. This is in contrast to other evaluations (e.g. Scott and Lishak, 2012; McCracken and Deary, 2014), where improvements on other standardised measures have been reported. On the other hand, analysis of interviews with programme completers suggested that a number of fathers did shift to some extent towards more appropriate attitudes and parenting practices during the course of the programme, particularly in terms of emotional responsiveness. Analysis of feedback from referrers indicated that fathers found it easier to demonstrate appropriate interactions with their children than to apply a child-centred approach to other aspects of their fathering role. There was only limited evidence, for example, that the programme helped to reduce fathers' abusive behaviour towards their partners and ex-partner, although positive outcomes were noted in over half of cases where fathers were being considered as full-time carers for their children. Equally, the absence of a control group meant that outcomes could not be attributed to the programme alone.

In conclusion, the evaluation presents a picture of a programme that performs the role of a child protection intervention for abusive fathers, but retains a separate identity linked to the tradition of 'batterer' treatment programmes run by probation services. As such, it finds itself at a crossroads. Caring Dads can either remain a 'standalone' service to which fathers are referred without necessarily having much to do with the wider safeguarding process, or it can become an inherent part of that process. If it remains as a sporadically commissioned group intervention, Caring Dads cannot be expected to manage the full variety of demand represented by its nominal remit of fathers about whom there are child safeguarding concerns. A more targeted approach might help to improve effectiveness, perhaps focusing on men with a significant parental role, or fathers being considered as alternative full-time carers for their children, or as a step-down measure for children in need cases. The alternative would be to embed Caring Dads further into the child protection system, so that facilitators became part of the 'team around the

child' for the duration of the programme, with a formal role in multi-agency intervention and care planning. Further integration along these lines would go some way towards stimulating the interprofessional collaboration needed to resolve complex child protection issues, as well as perhaps encouraging agencies to improve their mainstream provision for the fathers of children in need.

10 References

- Argyris, C. & Schön, D. (1978), *Organizational Learning: A theory of action perspective*
- Ashley, C., Ashley, C., Featherstone, B., Roskill, C., & White, S. (2007). *Fathers Matter: research findings on fathers and their involvement with social care services (Vol. 1)*. London: Family Rights Group.
- Ashley, C., Roskill, C., Fraser, C., Featherstone, B., Haresnape, S., & Lindley, B. (2013). *Working with risky fathers: Fathers Matter Volume 3: Research findings on working with domestically abusive fathers and their involvement with children's social care services (Vol. 3)*. Family Rights Group.
- Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical psychology review*, 23(8): 1023-1053.
- Baumrind, D. (1971). Current patterns of parental authority. *Developmental psychology*, 4(1p2), 1.
- Featherstone, B., Rivett, M., & Scourfield, J. (2007). *Working with men in health and social care*. London: Sage.
- Hester, M. (2011). 'The three planet model: Towards an understanding of contradictions in approaches to women and children's safety in contexts of domestic violence'. *British Journal of Social Work*, 41(5), 837-853.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child abuse & neglect*, 32(8), 797-810.

- Lamb, M. E. (2010). *The role of the father in child development (5th edition)*. John Wiley & Sons: New Jersey.
- McCracken, K., & Deave, T. (2012). *Evaluation of the Caring Dads Cymru Programme*. Merthyr Tydfil, Wales: Welsh Government Social Research Division.
- Miller, W.R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing people of change*. New York: Guildford Press.
- Munro, E. (2010), 'Learning to reduce risk in child protection', *British Journal of Social Work*, 40, 1135 – 1151
- McConnell, N, Barnard, M., Holdsworth, T. and Taylor, J. (2014) *Caring Dads, Safer Children: Interim evaluation report*. London: NSPCC
- McCracken, K., & Deave, T. (2012). *Evaluation of the Caring Dads Cymru Programme*. Welsh Government Social Research: Merthyr Tydfil, Wales.
- Peled, E. (2000). 'Parenting by men who abuse women: Issues and dilemmas'. *British Journal of Social Work*, 30(1), 25-36.
- Phillips, R., Kelly, L. and Westmarland, N. (2013). *Domestic violence perpetrator programmes: an historical overview*. London and Durham: London Metropolitan University and Durham University
- Pincus, A. & Minahan, A. (1973). *Social Work Practice: Model and Method*. Peacock: Itasca, IL.
- Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice*, 19(3), 276.
- Scott, K, Kelly, T, Crooks, C. and Francis, K. (2013) *Caring Dads: Helping Fathers Value their Children (2nd Edition)*. Programme manual.
- Scott, K. L., & Crooks, C. V. (2004). Effecting change in maltreating fathers: Critical principles for intervention planning. *Clinical Psychology: Science and Practice*, 11(1), 95-111.
- Scott, K. L., & Lishak, V. (2012). Intervention for maltreating fathers: Statistically and clinically significant change. *Child abuse & neglect*, 36(9), 680-684.

Scott, K. (2010) *Caring Dads Theory Manual*. Available online:

<http://caringdads.org/images/stories/caring-dads-theory-manual.pdf>

Stewart, L. L., & Scott, K. (2014). Who Are These Guys? An Exploration of Patterns of Parenting Problems Among Fathers Who Have Maltreated Their Children. *Canadian Journal of Community Mental Health*, 33(2), 67-83

Weir, K., & Sturge, C. (2006). Clinical advice to courts on children's contact with their parents following parental separation. *Child and Adolescent Mental Health*, 11(1), 40-46.

Wolfe, D. A., Crooks, C. V., Lee, V., McIntyre-Smith, A., & Jaffe, P. G. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical child and family psychology review*, 6(3), 171-187.

11 Appendices

Appendix 1: Self-reported measures

a.) Inventory of father involvement

Wilcoxon signed ranks test

Test Statistics ^a										
	Global_IF I_Post – Global_IF I_Pre	Discipline _Post – Discipline _Pre	School _Post – School _Pre	Mother _Post – Mother _Pre	Providing _Post – Providing _Pre	Talking _Post – Talking _Pre	Praise _Post – Praise _Pre	Talents _Post – Talents _Pre	Reading _Post – Reading _Pre	Attention _Post – Attention _Pre
Z	-1.214 ^b	-.221 ^b	-.427 ^c	-1.615 ^b	-1.278 ^b	-.134 ^b	-1.841 ^b	-.425 ^b	-1.955 ^b	-2.144 ^b
Sig	.225	.825	.669	.106	.201	.893	.066	.671	.051	.032

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

c. Based on positive ranks.

b) Parenting alliance measure

Wilcoxon signed ranks test

Test Statistics ^a			
	CT_Post - CT_Pre	Resp_Post - Resp_Pre	GlobalPAM_Pos t - GlobalPAM_Pre
Z	-.386 ^b	-.314 ^b	-.440 ^b
Asymp. Sig. (2-tailed)	.700	.753	.660

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

c) Parenting scale

Wilcoxon signed ranks test

Test Statistics^a

	Laxness_Post - Laxness_Pre	Overreactive_Post - Overreactive_Pre	Hostility_Post - Hostility_Pre	NoFactor_Post - NoFactor_Pre	TotalPS_Post - TotalPS_Pre
Z	-1.004 ^b	-1.144 ^c	-.323 ^c	-.455 ^c	.000 ^d
Asymp. Sig. (2-tailed)	.315	.253	.747	.649	1.000

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

c. Based on positive ranks.

d. The sum of negative ranks equals the sum of positive ranks.

d) Strengths and difficulties questionnaire

Wilcoxon signed ranks test

	EmProbChild_Post - EmProbChild_Pre	EmProbTeen_Post - EmProbTeen_Pre	CondProbTeen_Post - CondProbTeen_Pre	CondProbChild_Post - CondProbChild_Pre	HyperactChild_Post - HyperactChild_Pre	HyperactTeen_Post - HyperactTeen_Pre	PeerprobTeen_Post - PeerprobTeen_Pre
Z	-.957 ^b	-1.466 ^c	-.966 ^c	-.378 ^c	-.750 ^b	-.539 ^b	-.552 ^c
Asymp. Sig. (2-tailed)	.339	.143	.334	.705	.453	.590	.581
	PeerprobChild_Post - PeerprobChild_Pre	ProSocChild_Post - ProSocChild_Pre	ProSocTeen_Post - ProSocTeen_Pre	ExternalisingChild_Post - ExternalisingChild_Pre	ExternalisingTeen_Post - ExternalisingTeen_Pre	InternalisingTeen_Post - InternalisingTeen_Pre	InternalisingChild_Post - InternalisingChild_Pre
Z	-1.633 ^b	-1.199 ^b	-.632 ^c	-.106 ^c	.000 ^d	-2.032 ^c	-1.492 ^b
Asymp. Sig. (2-tailed)	.102	.230	.527	.915	1.000	.042	.136
	TotDiffChild_Post - TotDiffChild_Pre						
Z	-1.382 ^b						
Asymp.	.167						

Sig.
(2-
tail
ed)

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.
- c. Based on positive ranks.
- d. The sum of negative ranks equals the sum of positive ranks.

Appendix 2: Interviews with fathers

a) Interview schedule

1. IMPRESSIONS OF PROGRAMME

- Could you tell me why you think Caring Dads was suggested for you?
- What would you like to get out of it? / What have you got out of it?
- What other services are involved with your children? What do you think they want to see happen as a result of you going on the programme?

2. DESCRIPTION OF CHILD

Which of your children do you feel that you most need to establish a better relationship with?

I would like to begin by having you tell me about your child. What I want is a sense of who your child is and what your child is like. I would also like to know about your child's strengths and weakness.

The rest of the interview schedule consists of categories of interest with some suggested prompts to stimulate responses under each category. You do not need to use all of the prompts in the interview.

3. EMOTIONAL AVAILABILITY AND RESPONSIVENESS

Now that I have a general sense of your child, let me ask a few more specific questions:

- how much "quality" time do you spend with your child? Do other things, like work, other commitments, other relationships, health or work issues or other things get in the way of spending more time with your child?
- How involved are you in your child's schooling? What is your child's favorite class? What subject does your child find most difficult?

- Outside of school, what is your child's biggest worry or fear? How do you know?
- What is your child's most recent disappointment? How did you know?
- I want you to think of an example of a time that your child was sad. How did you know your child was sad? What did you do?
- I want you to think of an example of a time that your child was angry or frustrated. How did you know? What did you do?
- How do you know if your child needs your attention or support? What are some of the things that you do to make sure that you are there for your child when he or she needs your support?
- During the past year, what is the longest period you have gone without seeing your child? (more than two weeks? YES NO)
- If separated from child for more than 2 consecutive weeks:
What was the cause of this separation?
During this time, did you talk to your child? How often?
- How are you with remembering important dates? Have you ever forgotten your child's birthday, or an important event, like a school play or event that your child was taking part in (or an access visit)? If so, tell me about this situation.

4. DISCIPLINE AND RULES.

- In general, how reasonable are your child's reactions to your rules and attempts to discipline him/her? (How many times do you usually need to tell your child to do something before he/she does it?)
- Do you feel that your child does things purposefully to anger you, get you or to annoy you?
- Do you think that your child acts immaturely or refuses to do things other children his/her age do, in order to annoy or frustrate you? (*also look for unrealistic expectations*)
- What do you usually do when your child disobeys or does something wrong?
- When the usual methods of discipline don't work, as parents we often find ourselves doing other, maybe less desirable things. Do you ever nag or lecture your child if he/she doesn't do what he/she is supposed to do? How often would you say this happens?
- How often do you raise your voice at your child? Give me an example of a time that this happened recently.

- Have you found yourself saying nasty or threatening things to him/her? Perhaps things that you regret later? Give me an example. How often would you say this happens?
- Have you ever tried make your child feed badly with the intention of motivating him or her? For example, by saying something like: "do you want me to think you are stupid?" or "I can't believe that any child right in their head would do something like that!". Give me an example. How often would you say this happens?
- Is your child ever so "in your face" that you feel like you just have to get away or that you are going to explode/lose it? What happens then?
- How often have you felt this angry with your child in the last week? month? year?

5. EXPECTATIONS OF CHILD

- Tell me about some of the jobs (chores) your child has to do at home. Query age-appropriate and inappropriate activities; does your child prepare own lunch, arrange appointments, discipline younger siblings, babysit, etc.
- Does your child do other things that help you take care of things that need to be done?
- Now that your child is ____ (state child age), do you expect your child to:
 - go to and from school alone?
 - make his/her own lunch?
 - use the cooker by him/herself?
 - make dinner for the family?
 - be at home alone for more than a few minutes?
 - care for younger siblings?
 - decide for him or herself what time to come home at night?
- What kind of rules do you have in your house? Specifically query rules about bedtime, mealtimes, and noise.
- Because your child is only ____ (state age), he/she is unable to do some of the things and adult could do. What have you noticed about things that your child cannot yet do?

5. RECOGNITION OF PSYCHOLOGICAL BOUNDARIES

- Is your child good at knowing when you are sad? What does your child do? Does your child ever try to comfort you?
- Is your child good at knowing when you are frustrated, stressed out or angry? What does your child do? Does your child ever try to calm you down or make things better for you?
- How honest are you in talking to your child about things that are bothering you or about challenges or problems that you have? Give me an example of something that you have shared with your child, and something that you wouldn't share with your

child.

- Give me an example of something that you have confided in your child about.
- Parents often see similarities between them and their child, and sometimes, they hope that their child will follow in their footsteps. What about you? Do you hope or expect that your child is going to follow in your footsteps in some way?
- We have just been talking about your relationship with your child. What about your child's relationship with others outside the family (i.e. not child's mother). Do you think it is important for your child to rely on others as well? Who else does your child rely on? How do you feel about this relationship?

6. INTERACTIONS WITH THE CHILD'S MOTHER

- Now, I would like you to tell me what is your relationship like with the mother of your child? Again I would like you to give me enough of a description so that I have a good sense of this relationship.
- So overall, how satisfied are you with the partnership of you and the mother of your child in raising your child? Provide a rating on a scale of 1 to 10 where 1 is not satisfied at all and 10 is very satisfied.
 - 1 2 3 4 5 6 7 8 9 10
- Do you and the mother of your child disagree about the management of your children (if relevant, about access transfers and communication)? Give me an example of a recent disagreement?
- Have your children witnessed or heard your arguments or fights?
- Do you ever find yourself talking to your child about the problems between you and their mother? Give an example of something that you have talked to your child about.
- Do you or your partner ever get information about each other from your children. For example, would you ask your child about what their mother is doing, who she is with, or what she has done during the day? Give an example of information you have gotten from your child about their mother.

- How important do you think your child's relationship is with his/her mother? What do you do to support this relationship?
- Even if you think it is an important relationship, sometimes we accidentally do things that do not support this relationship, like saying negative things about the child's mother in front of the child. Have you done this? Give an example? How often would you say things like this happen?
- Although most parents try to be consistent with their rules, sometimes we disagree. What do you do when you disagree with something your child's mother has told your child? Give an example. How often would you say things like this happen?

b) Average ratings from RISC interviews

		Emotional unavailability	Hostility/shame	Inappropriate interactions	Psychological boundaries	Undermining mother	Average
Group 1	T1	3.5	3.5	3.5	3.5	3.8	3.6
	T2	2.5	2.3	2.5	2.3	2.8	2.5
Group 2B	T1	3.8	3.4	2.8	3.1	3.0	3.2
	T2	3.0	3.0	2.8	2.5	2.3	2.7
Group 3	T1	3.3	2.8	2.8	3.2	3.2	3.1
	T2	2.2	2.5	2.5	3.0	2.0	2.4
Group 4B	T1	3.5	2.5	3.0	4.0	4.0	3.4
	T2	2.0	2.5	2.0	2.5	3.0	2.4
Group 5A	T1	2.7	2.8	3.0	2.5	2.8	2.8
	T2	1.8	2.2	2.4	2.2	2.2	2.2
Group 5B	T1	3.3	3.0	3.3	3.3	3.5	3.3
	T2	2.3	2.3	2.5	2.8	2.5	2.5
Overall	T1	3.3	3.0	3.1	3.3	3.4	3.2
	T2	2.3	2.5	2.4	2.5	2.5	2.4

Appendix 3: Questionnaires for referrers

a) Reasons for referral

<i>Assessed risks to child</i>		
Physical abuse	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Emotional abuse	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sexual abuse	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Neglect	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Concerns about relationship between father and child</i>		
Hostile and/or over-controlling parenting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lack of positive engagement/involvement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lack of emotional warmth/responsiveness	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lack of guidance and boundaries	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inappropriate personal/intimate boundaries	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does not take responsibility for child's needs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other concerns (please state)		
<i>Concerns about relationship between father and mother/partner</i>		
Parental conflict	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Current concerns about domestic violence	<input type="checkbox"/> YES	<input type="checkbox"/> NO
History of domestic violence but not recent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Father harassing mother during contact	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Father undermining mother's parenting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other concerns (please state)		
<i>Other welfare concerns / risk factors</i>		
Father's misuse of drugs or alcohol	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mother/partner's misuse of drugs or alcohol	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Father denying/minimizing impact of abusive behaviour	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Child exhibiting emotional and behavioural problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Child not achieving in school	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family is socially isolated/lack of support network	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inadequate or overcrowded housing conditions	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Economic/financial difficulties	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other concerns (please state)		
<i>Father's motivation/reasons for participating</i>		
Sentencing condition as part of criminal proceedings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Court direction as part of private family law proceedings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Court direction as part of care proceedings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Obtaining custody of/residence order for child	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Obtaining or extending contact with child	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Agreed as part of child protection plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other reasons (please state)		

b) Post-programme outcomes

<i>Current risks to child</i>	
Physical abuse	<input type="checkbox"/> YES <input type="checkbox"/> NO
Emotional abuse	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sexual abuse	<input type="checkbox"/> YES <input type="checkbox"/> NO
Neglect	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Relationship between father and child</i>	
Hostile and/or over-controlling parenting	<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Lack of positive engagement/involvement	<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Lack of emotional warmth/responsiveness	<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Lack of guidance and boundaries	<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Inappropriate personal/intimate boundaries	<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Does not take responsibility for child's needs	<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Other changes (please state)	
<i>Relationship between father and mother/partner</i>	
Parental conflict	<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Concerns about domestic violence	<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Father harassing mother during contact	<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration

		<input type="checkbox"/> Not applicable
Father undermining mother's parenting		<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Other changes		
<i>Other welfare concerns / risk factors</i>		
Father's misuse of drugs or alcohol		<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Mother/partner's misuse of drugs or alcohol		<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Father denying/minimizing impact of abusive behaviour		<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Child exhibiting emotional and behavioural problems		<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Child not achieving in school		<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Family is socially isolated/lack of support network		<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Inadequate or overcrowded housing conditions		<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Economic/financial difficulties		<input type="checkbox"/> Improvement <input type="checkbox"/> No change <input type="checkbox"/> Deterioration <input type="checkbox"/> Not applicable
Other changes (please state)		
<i>Father's motivation/reasons for participating</i>		
Obtaining custody of/residence order for child		<input type="checkbox"/> Achieved <input type="checkbox"/> No change <input type="checkbox"/> Not achieved <input type="checkbox"/> Not applicable

Obtaining or extending contact with child	<input type="checkbox"/> Achieved <input type="checkbox"/> No change <input type="checkbox"/> Not achieved <input type="checkbox"/> Not applicable
Other aims achieved (please state)	
<i>Agency decision-making</i>	
Care proceedings initiated	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child protection plan required	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child in need plan required	<input type="checkbox"/> YES <input type="checkbox"/> NO
Support through non-statutory services	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other outcomes (please state)	